

Kentucky Transportation Cabinet Division of Construction SUBCONTRACT REQUEST

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CONT_ID									
SUBCONTRACT NO:		_	Tier Y/N						
TO:	Matthew P. Simpson, P.E. Director, Division of Construction								
FROM:		T	rime Contractor		VVTO	. Van dan Nisashan			
CIDIECT.		KYIC	C Vendor Number						
SUBJECT:	County	Project Number							
I hereby request to subcon	tract a portion of the subject	t project to):						
			KYTC Vendor Number	er					
The amount to be subcontracted by this request is \$				or _		of the			
` •	uest)		_		_				
NAME OF SU	BCONTRACTOR		AMOUNT		PERCENT				
The total amount to be sub- (original contract) or (sub-	contracted including this requestract) amount.	uest is \$		or _		of the			
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	en furnished a copy of Appe ansactions and in all solicita								
	or is on the Department's list age will be available at the p	_		_	-				
Prime Contractor				n	ate				



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Additional form

- (*) When description is limited by such as "Laying Only", "Erection Laying", "Manipulation Only", etc. it should be so indicated and explained.
- (**) When the quantity is not the entire amount of Contract or Sub-Contract estimate, limitations by stations must be shown or definitely designated in some suitable, positive manner.

Unit prices used on this request should list the prices as reflected in the contract and are for Departmental use only and are not to be considered the exact prices agreed to by the contractors.

The Items to be subcontracted are as follows:

Category Number	Project Line Number	Item Code	Description	Quantity	Unit	Proposal Line Number	Unit Price		Money
								\$	-
								\$	-
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