

Kentucky Transportation Cabinet Division of Construction SUBCONTRACT REQUEST

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SUBCONTRACT NO:	Tier Y/N							
TO:	Matthew P. Simpson, P.E.							
		D	irector, Division of Constr	uction				
FROM:		D	ime Contractor		VVTC	Vendor Number		
SUBJECT:		KIIC	vendor Number					
SUBJECT.	County			Fed/State	Project Number			
I hereby request to subcon	tract a portion of the subject	t project to	:					
			KYTC Vendor Numbe	r				
The amount to be subcontracted by this request is (Original contract amount or subcontract amount if Tier request) I have previously subcontracted as follows:				or <u>-</u>		of the		
NAME OF SUI	BCONTRACTOR		AMOUNT		PERCENT			
The total amount to be sub- (original contract) or (sub-	contracted including this requeontract) amount.	iest is \$		or _		of the		
	en furnished a copy of Appea ansactions and in all solicita							
	or is on the Department's list age will be available at the p	_		_	_			
-				_				
Prime Contractor				Γ	Date			



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CONT_ID

Additional form

TOTAL

- (*) 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 KYTC contract/proposal 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	Ę
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