FHWA TRANSFER REQUEST

Type of Transfer Request:

Funds to a DOT Agency or Federal Department

In accordance with provisions of title 23 U.S.C., the State transportation department indicated below requests that Federal-aid Highway Program contract authority and obligation authority be transferred as shown.

					Transfer	Name	9		Tracking Numbers		
					Request	Title			State	FHWA	
Requesting					Contact:	Telep	hone				
Agency:					_	Email	l				
				Demo ID							
Item #	Description of Fund - From	Fiscal Year	Program Code	or Urban Area Code	Amount		From #	Description of Entity - To		Amount	
	2000			Area Gode	7	-		2000 piloti et 21111, 10			
1						_					
2											
3						_					
4						_					
5						_	_				
6					-	-	_				
7						-	_				
, _ 8					-	-	_				
9						-	_				
-						-	_				
10 _						-	_				
			т	OTAL FROM	\$0.00	0		т	OTAL TRANSFER		\$0.00
						_					
Enter Item # (above), Project Description, Urban Area or other additional information								For transfer of contract authority and	obligation authority		
							ша	s the State entered into an agreement with the agency		Yes	
							ind	licated above to receive, obligate, expend and manage			
							the	se funds for specified project(s)?		No	
								OCFO Comments			
						_					
STATE DEPARTMENT OF TRANSPORTATION I certify that the funds requested for transfer are in accordance with the applicable provisions of title 23 U.S.C.; that the funds are						_	FHWA DIVISION ADMINISTRATOR CONCURRENCE I certify that I have reviewed the request to transfer funds as itemized above; that this request is in				
unobligated and	d uncommitted; and that the percentage of fur	nds to be transfe	rred combined w	ith previous tra	ansfers does not		accor	dance with provisions of title 23 U.S.C. and FHWA policy ar			y to
Federal laws ar	missible amount eligible for transfer under the nd regulations. Where applicable, concurrenc	e from affected I	Metropolitan Plaı	nning Organiza	ations and other		appro	ove transfer of Federal-aid Highway program funds.			
	een obtained and recorded in this office. Furt hway program funds.	her, I certify that	I have the autho	ority to approve	e the transfer of						
3	- · · · ·										
			Date of Appro	oval			_			Date of Approval	
Title of Approvi	ng Official						Ti	tle of Approving Official			