

Plans Order Form for Letting of August 26, 2016

MAIL TO: _____

ORDER BY: _____

DATE ORDERED: ___/___/___ DATE PICK-UP: ___/___/___

DATE MAILED : ___/___/___ SHIPPING # : _____

PAYMENT TYPE (CHECK OR CREDIT CARD: _____)

PHONE NO: (____) _____

DATE PAID: ___/___/___ CHECK #: _____ RECEIPT #: _____

VENDOR #: _____

OTHER: _____

CALL	COUNTY	CONT #	PROJECT NUMBER / (PIN)	PLANS		CROSS SECTIONS		GRADING SHEETS		TOTAL COST
				SETS	COST	SETS	COST	# @ \$0.10 = COST		
001	DICKSON	CNQ326	HSIP-I-40-3(157),22001-3190-94 (119736.00)	___	@ \$20.00	___	@ \$10.00	___	= ___	\$ _____

CIRCLE ONLY PROJECTS AND ITEMS DESIRED AND RETURN WITH PROPER REMITTANCE TO:

TENN DEPT. OF TRANSPORTATION

COPY CENTER LEVEL A

JAMES K. POLK BLDG.

NASHVILLE, TN 37243-0330

Or Fax to 615-532-2886

Phone 615-741-2049

Make check payable to:

TENNESSEE DEPT. OF TRANSPORTATION

SUB TOTAL = \$ _____

TENN SALES TAX 9.25% = \$ _____

AMOUNT DUE \$ _____

* PLANS COST INCLUDES THE COST OF CROSS SECTIONS

ALL ABOVE PLANS AND CROSS SECTIONS TRANSMITTED AT YOUR OWN RISK

COMMENTS: _____

