

Choose an item. **Funding Approval Request**

 **TO:** Program Development & Scheduling Division, TDOT.PDSO@tn.gov

 **FROM:**

 **DATE:** Click here to enter a date.

 **SUBJECT:** COUNTY:

 PIN:

 PROJECT NO.

 PROJECT DESCRIPTION:

 In accordance with the Project Delivery Network (PDN), and the Roadway Design Guidelines, I am requesting funding approval for Choose an item.. For your use, I have attached a pdf title sheet of this project.

 Following funding approval, please sign and date below and return a copy of this form to my office at your earliest convenience.

Funding Approved:

**BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Attachment