

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Department of Administration

**DIVISION OF PURCHASES**

Phone# 401-574-8127

FAX # 401-574-8387

**CRITICAL EXPENSE REQUEST FORM**

*(To Be Completed by Financial Management)*

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

AGENCY DOCUMENT I.D. # DOT-\_\_\_\_\_

REQUISITION NUMBER: \_\_\_\_\_

**REQUESTED DOCUMENT TO CREATE**

(Please check appropriate spaces)

**TYPE OF REQUISITION**

\_\_\_ Blanket Release

\_\_\_ Change Order

\_\_\_ Contract Release

\_\_\_ Purchase Agreement

\_\_\_ Standard Purchase Order

\_\_\_ Other

\_\_\_ Arch, Eng. & Consult

\_\_\_ Construction

\_\_\_ Delegated Authority

\_\_\_ Emergency

\_\_\_ Grants

\_\_\_ IT Purchase

\_\_\_ Leg Grant

\_\_\_ Legal Services

\_\_\_ Single/Sole Srce

\_\_\_ Travel

*(Below to be completed by Operating Section)*

**FUNDING:**

\_\_\_ Gas Tax

\_\_\_ % Federal Portion

\_\_\_ % State Bond Match Portion

\_\_\_ RICAP

Amount: \_\_\_\_\_

**DESCRIPTION OF CRITICAL REQUEST**

Description of Critical Request:

Reason/Justification of Critical Need:

Contact Person: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Contact Person Signature

PHONE No: \_\_\_\_\_

Division Administrator: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Division Administrator Signature

PHONE No: \_\_\_\_\_

AGENCY DIRECTOR: Michael P. Lewis  
DEPARTMENT OF TRANSPORTATION

\_\_\_\_\_  
DOT DIRECTORS SIGNATURE