

STATE AID FOR LOCAL TRANSPORTATION
 WORK ORDER FOR MINOR EXTRA WORK

June 2008

Page 1 of 1

City/County of _____

Work Order No. _____

| | | | | |
|---------------------|-----------------------|-------------------------------|--------------|-----|
| FEDERAL PROJECT NO. | STATE AID PROJECT NO. | LOCAL PROJECT NO. | CONTRACT NO. | |
| CONTRACTOR NAME | ADDRESS | CITY | STATE | ZIP |
| LOCATION OF WORK: | | TOTAL WORK ORDER AMOUNT \$ | | |

In accordance with the terms of this Contract, you are hereby authorized and instructed to perform the work as altered by the following provisions.

(Describe work and justification for Work Order.

(See examples at: <http://www.dot.state.mn.us/const/tools/sampleworkorder.html>)

COST BREAKDOWN

Group/
***Fund Cat. Item No. Description Unit Unit Price Quantity Amount**

(List items)

*Group/Funding category is required for federal projects.

| | |
|---|----------------------------------|
| Approved by Project Engineer: _____ | Approved by Contractor: _____ |
| Print Name: _____ | Print Name: _____ |
| Date: _____ Phone: _____ | Date: _____ Phone: _____ |

Original to Project Engineer; Copy to Contractor

| |
|--|
| Once contract has been fully executed, forward a copy to DSAE for funding review: |
| The State of Minnesota is not a participant in this contract, signing by the District State Aid Engineer is for FUNDING PURPOSES ONLY. Reviewed for compliance with State and Federal Aid Rules/Policy. Eligibility does not guarantee funds will be available. |
| This project is eligible for: ___ Federal Funding ___ State Aid Funding ___ Local funds |
| District State Aid Engineer: _____ Date: _____ |