

Account Initiation Request

**INFORMATION REQUIRED FROM NCDOT PROJECT MANAGER TO BE
SUBMITTED TO PSMU WITH INITIAL ESTIMATE AND SCOPE**

Consulting Firm: NCDOT Unit:

Contract #: P.O. #:
(If this is a Supplemental)

DOT Project Manager/Tel. #:
DOT Project Manager email:

Project Name: or T.I.P.

Project Description: Please check which applies Cost Plus:
Lump Sum:

Disciplines Used:
(Rdy, Hyd, etc.)

WBS Element(s):	% Utilization	Cost Center(s):	Function Code(s):
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Supplemental Number:

Fiscal # (If Avail.):

Approved by: Date: