CS-200 (5-15)

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

Source of Supply-Materials

Contractor _____ **Telephone #** _____ **ECMS#** _____

Address _____ **Contact Person** _____ **SR/Group#** _____

_____ **E-mail** _____ **Section** _____

_____ **County** _____

Subcontractor _____ **Date** _____ **SOS/Transmittal #** _____

Contractor Comments _____

* L= Local approval needed or LTS = LTS approval needed

				Non-Bullletin Source		Bullletin Source			Department Action		
Contract Item No.	*Item Description*	*Product Name or Material Description/Type*	*Manufacturer Plant/Location*	*L or LTS **	*Pub 408 Ref/Special Provision*	*Supplier Code*	*Bulletin# / Page#*	*Bulletin Sec.*	*(A)ppr (R)ej.*	*Initials*	*Date*
	Compost	Pasteurized mushroom compost	Hy-Tech Mushroom Compost, Inc.	L		HYTCH	15/_____ _____ __				