EXHIBIT J CONFIRMATION OF SERVICES OS-501 FORM



SFM/R3 Receiver Signature

CONFIRMATION OF SERVICE

Who have	ww.dot.state.pa.us						
Date Service Rendered: Contractor Name: Phone:			SAP Vendor Number: Address (1): Address (2):				
PURCHASI	E ORDER #:	ems on purchase order that	City:		te: Zip (Code:	
PO Line #	Description	n / Product ID	Quantity	U.O.M.	Unit Price	Item Total	
						\$ 0.00	
						\$ 0.00	
						\$ 0.00	
						\$ 0.00	
						\$ 0.00	
						\$ 0.00	
					\downarrow	\$ 0.00	
					4	\$ 0.00	
						\$ 0.00	
					\leftarrow	\$ 0.00	
						\$ 0.00	
						\$ 0.00	
						\$ 0.00	
					+	\$ 0.00	
					+	\$ 0.00	
						\$ 0.00	
					4	\$ 0.00	
					+	\$ 0.00	
					4	\$ 0.00	
					+	\$ 0.00	
						\$ 0.00	
					\leftarrow	\$ 0.00	
						\$ 0.00	
					\leftarrow	\$ 0.00	
					Total Page 1	\$ 0.00	
			Continue or	n page 2	Total of Page 1 Total of Page 2	\$ 0.00	
					Grand Total	\$ 0.00	
					Grand Iosa.	\$ 0.00	
Contractor (Contractor Signature:						
		PENNOOT U	SE ONLY				
PENNDOT USE ONLY I certify the services represented by the confirmation of service form above were received satisfactorily. Therefore, I approve payment be made.							
		Project Manager Signature			Date (mm/t/d/yyyy	30	
I certify that 310.31)	at I have entered a Goods Receipt in	in SAP for this service. (Goods Re	eceipts should be enter	red within 48 ho	urs per Managemer	nt Directive	
MIN KINE							

Date (mm/dd/lyyyy)

SRM Confirmation # /R3 Material Document #