MISSISSIPPI DEPARTMENT OF TRANSPORTATION
MATERIALS DIVISION
PRE-TESTED MATERIALS SHIPMENT REPORT REQUEST FORM

COUNTY AND CONSULTANT PROJECT ENGINEER REQUEST FOR A SHIPMENT REPORT OF MDOT PRE-TESTED MATERIALS

PROJECT NO.:______________________________ COUNTY:______________________________

DATE: _____________________ TO:_____________________ FROM:_____________________

MANUFACTURER	MATERIAL	QUANTITY	UNITS	LOT# OR BATCH#	MDOT STAMP#

THE ABOVE LISTED MATERIALS WERE FROM PRE-TESTED STOCK.

AUTHORIZED BY:______________________________ MONTHLY ESTIMATE DATE:_________________________