Department of Administration
Administrative Services Division
Purchase Order Requisition

Requested by:		Date:	
Requesting Agency Number and Name:			

Vendor/Supplier:		**Ship To:**	
Name:		Address:	
Address:		Address:	
Address:		City, State, Zip:	
City, State, Zip:		Attention:	
Vendor Contact Person:			
Vendor Phone No.:			
Vendor E-Mail:			
Vendor Fax No.:			

QTY	DESCRIPTION	UNIT COST	AMOUNT
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
Total from Page 2			
		Subtotal:	$ 0.00
		Shipping and Handling:	
		TOTAL:	$ 0.00

Note: Materials purchased by the State of Nevada are exempt from sales tax (per Nevada Revised Statutes Section 372.325).									
Purchase is Pursuant to Good-Of-The-State Contract:	☑ Yes	☐ No	If yes, Good-Of-The-State Contract Number						
Vendor/Supplier Quote Attached:	☑ Yes	☐ No							
Approved Purchase in Agency Budget	☑ Yes	☐ No							
Other Justification (specify):									
Budget Account		Category		Job		Org		Function		DU
Requestor Signature:							Date:		
Division Administrator or Designee (print name):									
Division Administrator or Designee (signature):							Date:		
NPAS Obligation Number.(ASD use only):									
State Purchasing RXQ No.(ASD use only):							Date:		