

**Department of Administration
Administrative Services Division**

Receiver

Agency Name:	Purchase Order Number:
Agency #: Budget Acct #:	Date Received:
Bill To Address: 209 E. Musser Street #304 Carson City, NV 89701 Phone: (775) 684-0273 Fax: (775) 684-0275	

Vendor/Supplier:	Ship To:
Name:	Name:
Address:	Address:
Address:	Address:
City, State, Zip:	City, State, Zip:
Vendor Contact Person:	Attention:

QTY Ordered	QTY Received	Description

Agency Authorization:

Print Name and Title

Signature of Division Administrator or Designee

Date