Department of Administration Administrative Services Division Purchase Order Requisition

| Requested by: | | D | Date: | | |
|------------------------|--------------|-------------------|-------|--|--|
| Requesting Agency Numb | er 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 |
|------------|-------------|-----------|--------|
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| Total from | n Page 2 | | |
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| | Shipping | | |
| | | | |

| Note: Materials purch | ased by the S | tate of Nevada are e | xempt from sales tax | (per Nevada Revised Statutes S | Section 372.325). | |
|---|---------------|----------------------|-------------------------------|--------------------------------|-------------------|--|
| Purchase is Pursuant to Good-Of-The-Sta | ✓ Yes | No No | If yes, Good-Of-The-State Con | tract Number | | |
| Vendor/Supplier Quote Attached: | Ves | No 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 (prin | | | | | | |
| Division Administrator or Designee (signature): | | | | | Date: | |
| NPAS Obligation Number.(ASD use only): | | | | | | |
| State Purchasing RXQ No.(ASD use only | | | | Date: | | |