

# STATE OF NEVADA ONLINE AGENCY PURCHASE APPROVAL

Agency/Organization \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Ship To Address \_\_\_\_\_

City St Zip \_\_\_\_\_

Suggested Vendor \_\_\_\_\_

Vendor Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Enter complete reference purchase requisition number:

RX \_\_\_\_\_

Fiscal Year \_\_\_\_\_

Date \_\_\_\_\_

	(Fund)	(Dept/Ag)	(Div -Sec/Unit)	(B/A & Cat)		(G/L)	(Prog/Proj)			
Line	Fund	Agency	Org/Sub	Appr Unit	Activity	Function	Obj/Sub	Job No.	Rept Cat	Amount
01										
02										
03										
04										
05										
06										
<b>TOTAL EST COST</b>										\$

Comm Line	Commodity Code	Acct Line	Qty & Unit	Detailed Description, Manufacturer, Model Number, Etc. (Please attached additional sheet(s) if needed)	Est. Unit Price	Est. Cost

\_\_\_\_\_

Department Approving Authority Signature

\_\_\_\_\_

Date

<b>Approval from the Budget Division (per SAM 1511.0 as required):</b>  _____ Signature <span style="float: right;">Date</span>	<b>Approval from the Department of Information Technology (per SAM 1511.0 as required):</b>  _____ Signature <span style="float: right;">Date</span>
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**ANY ADDITIONAL SPECIFICATIONS OR DRAWINGS OF DESIRED GOODS MUST BE SUBMITTED SEPARATELY TO THE STATE PURCHASING DIVISION AND MUST REFERENCE THE COMPLETE ON-LINE PURCHASE REQUISITION NUMBER.**