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