



WASHOE COUNTY

Community Services Department Purchase /Change Order Request*

Project Name:					
Requestor:			Date Requested:		
				Division:	OPERATIONS
Amount:	\$	Shipping:	\$	Total:	\$
Accounting					
Cost Center #			Amount		
Internal Order #				GL Account # (if known)	
Project #			\$		
			\$		
			\$		
Detailed Description (what, when, where):					
Delivery Address:					
Beginning PO Date:			Ending PO Date:		
Vendor Name:					
Contact person:					
Phone/Email:					
Quote or Proposal # (should be attached):					
Original PO Number if Change Order:					
Change Order Description:					
Special Instructions:					

**This is for the requisition requesting a PO to be issued. The actual PO will be issued following authorization by all parties.*

Once filled out in **entirety**, attach quote or proposal and email or deliver to Bonnie Ingram (bingram@washoecounty.us).