



WASHOE COUNTY

Community Services Department Purchase /Change Order Request*

Project Name:					
Requestor:			Date Requested:		Division: OPERATIONS
Amount:	\$	Shipping:	\$	Total:	\$
Accounting					
Cost Center #		Amount		GL Account # (if known)	
Internal Order #					
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).