

NOTICE TO VENDOR

- 1. DO NOT CHARGE SALES OR EXCISE TAX. SEE REVERSE SIDE.
- 2. PURCHASE ORDER # MUST APPEAR ON INVOICE.

ORDER #: **8LPOC 0**

**LIMITED PURCHASE ORDER
NOT VALID OVER \$1000.00**

College of Southern Nevada
Federal Tax ID# 88-6000024

Purchasing Department ! 3200 East Cheyenne Avenue ! North Las Vegas, NV 89030-4296
(702) 651-4320 ! FAX (702) 651-4348

Date: _____

To: _____

Address: _____

City, State, Zip: _____

Federal Tax ID No.: _____

SHIP TO:

CSN/Receiving Department
3200 East Cheyenne Avenue
North Las Vegas, NV 89030-4296
(702) 651-4239
(No deliveries after 12:00 P.M.)

INVOICE TO:

College of Southern Nevada
Accounts Payable
3200 East Cheyenne Avenue
North Las Vegas, NV 89030-4296
(702) 651-4320

LINE #	QUANTITY	UNIT	COMPLETE DESCRIPTION	ACCT REF	UNIT PRICE	TOTAL
001						
			COMMODITY CODE: _____			

MUST BE COMPLETED BY DEPARTMENT

Expected Delivery Date: _____ Building: _____ Room: _____

Requesting Department: _____ Phone: _____ Sort Code: _____

Preparer/Requestor: _____ Have Items been Received? Yes No

ORDER STATUS: How was this ordered? (Circle only one) Phoned Picked Up FAXED Mailed
Date: _____

ACCOUNTING INFORMATION

LN	FUND	AREA	ORGN	SORG	OBJT	SOBJ	JOB #	TOTAL
01								
02								

SIGNATURE AUTHORITY: Signature _____

Print Name _____

COMMODITY APPROVAL: _____