PURCHASE ORDER ☐ OR CHECK REQUEST ☐

Note: Check here if applicable

Note: Check here if applicable

VENDOR _____ Vendor ID# _____

Address _____

_____

_____

Tel: ( ) Fax: ( )

**PYRAMID LAKE PAIUTE TRIBE**
P.O. Box 256 – 208 Capital Hill Drive
Nixon, NV 89424

Tel: 775-574-1000 Fax: 775-574-1008

**SOLD TO:**

**SHIP TO**:

| **Date of Request**: 3/7/2017 | **FY**: 2017 | **Date Required**: |
|---|---|---|
| **Department**: | | |

**SPECIAL INSTRUCTIONS:**

☐ Hold for pick-up ☐ Mail Check/P.O. ☐ Attach Tax Exempt Letter

☐ Other (explain):

| Qty | Item Description | Unit Price | Amount |
|---|---|---|---|
| | | | |
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| | | | |
| | | | |
| | Total Requisition Cost: | | |

(If Multiple Pages Show Total on 1st Page)

| | | | | | |
|---|---|---|---|---|---|
| Acct. Code # | | - | | TOTAL | |
| Acct. Code # | | - | | TOTAL | |
| Acct. Code # | | - | | TOTAL | |
| Acct. Code # | | - | | TOTAL | |

Batch #: _____

Date: _____

Initial: _____

AUTHORIZATION SIGNATURES (MUST BE COMPLETED TO PROCESS)

_____ _____

Dept. Head/Delegated Signer Date

_____ _____

Tribal Chair/ Exec. Team Member Date

_____ _____

Tribal Treasurer/ Comptroller Date

Check/
Purchase Order #: _____

Date Issued: _____

Date Mailed: _____

Date Picked Up: _____

Initial: _____