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:	**FY**:	**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
		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: _____