

**NOTICE TO VENDOR**

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

ORDER #: **8LPOC****LIMITED PURCHASE ORDER  
NOT VALID OVER \$1000.00**College of Southern Nevada  
Federal Tax ID# 88-6000024Purchasing 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)

Date: \_\_\_\_\_

Phoned

Picked Up

FAXED

Mailed

**ACCOUNTING INFORMATION**

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

SIGNATURE AUTHORITY: Signature \_\_\_\_\_

Print Name \_\_\_\_\_

COMMODITY APPROVAL: \_\_\_\_\_