

EXCESS VEHICLE ADVANTAGE RXQ Input Form

Header Information:

Doc Number RXQ _____	
Date of Record _____	BFY _____
Vendor Number <u>D08300008</u>	Vendor Name <u>NEVADA STATE SURPLUS PROP.</u>
Del Date _____	Ship/Bill _____ / <u>379</u>
Responsible Agency/Org _____ / _____	Division _____
Requested by _____	Phone _____
Responsible Person _____	
Requisition Type : <input checked="" type="checkbox"/> N	
Comm/Acc (circle one) : Yes No	

Accounting Details:

Line	Fund	Agency	Org/Sub	Appr Unit	Obj/Sub	Job No.	Amount
01							
02							
03							
04							
05							
Total Acctg Ln.							\$

Commodity Details:

Line	CommCode	Unit	AcctLn	Description and Vehicle Id. No.(VIN#)	Qty	Unit Cost /Ext Cost
01						\$ /
02						/
03						/
04						/
05						/
06						/
					Ttl. Cost	

Object Attached : Board of Examiner's approval to purchase

Approval History:

Appr Level	Approve By:	Approval Date:
2		
3		
4	Purchasing	
5	Purchasing	