

COUNTY OF NEVADA
AUDITOR-CONTROLLER'S OFFICE
CONTRACT ENCUMBRANCE REQUEST FORM

This is for Board and CEO Contracts only. For Purchasing Agent contracts use the requisition process.

Requesting Dept: <u>CAPITAL FACILITIES</u>		Contact person: <u>CAROL BABSON</u>	
Action:			
New <input checked="" type="checkbox"/>	Change <input type="checkbox"/>	Amendments <input type="checkbox"/>	Encumbrance # _____
Fiscal Year <u>2019-20</u>		Board Meeting Date <u>11/12/2019</u>	
New Vendor <input checked="" type="checkbox"/>	Vendor Data Form Attached <input type="checkbox"/>		
Vendor # <u>110629</u>	Vendor Name: <u>PRIDE INDUSTRIES ONE, INC.</u>		
Description: <u>BOST HOUSE HVAC INSTALLATION</u>			
<i>Org Code(s)</i>	<i>Description</i>	<i>Account(s)</i>	<i>PCN(s)</i>
<u>0101108014161000</u>	<u>Bost HVAC</u>	<u>540600</u>	<u>41652026</u>
<u>0101108014161000</u>	<u>10% Contingency</u>	<u>540600</u>	<u>41652026</u>
			<i>\$ Amount</i>
			<u>32,471</u>
			<u>3,248</u>
Dept. Representative approval: <u><i>J.P. Honan</i></u>			Date: <u>10/25/2019</u>

Type of Encumbrance:

Board Approved Resolution # _____ CEO Approved Contract # _____

Type of Contract:

Construction (C) Maintenance (M) Service (S) Franchise (F)
Lease (L) M.O.U. (U) Other (O)

Start/Stop Date: 90 days after Notice to Proceed Valid Insurance Certificate on file? Yes Exp Date _____

<i>CEO Contracts Only - items are to be scanned and attached by email (when applicable):</i>		
Risk Manager Insurance Form	Y	N
Valid Insurance Certificate	Y	N
Completed Independent Contractor Form	Y	N

Verified Signed BOS Reso/CEO Contract Y N
Assigned: Control Number: _____ Encumbrance Number: _____
Entered by: _____ Date: _____ Dept. Contacted: _____