

**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: Public Works Contact person: Josh Pack
 Completed by: Acacia Daniels

Action:
 New Change Amendments Encumbrance # BFS17223


Fiscal Year 17/18 Board Meeting Date _____

New Vendor Vendor Data Form Attached

Vendor # 107130 Vendor Name: MAP Associates DBA Northstar

Description: Surveyor services

| Org Code(s) | Description: | Account(s) | PCN(s) | \$ Amount |
|---------------------------|--------------------------|---------------|-----------------|---------------------|
| 1 <u>0101110097111000</u> | <u>Surveyor services</u> | <u>521520</u> | <u>71100000</u> | <u>\$ 40,000.00</u> |
| 2 _____ | _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ | _____ |
| 4 _____ | _____ | _____ | _____ | _____ |
| 5 _____ | _____ | _____ | _____ | _____ |

Dept. Representative approval:  Date: 1/26/18

Type of Encumbrance:

Board Approved Resolution # 17-223 CEO Approved Contract # _____

Type of Contract:

Multi-Year

Construction (C) Maintenance (M) Service (S) Franchise (F)

Lease (L) M.O.U. (U) Other (O)

Start/Stop Date: 7/01/17-6/30/18 Valid Insurance Certificate on file? yes Exp Date 7/1/2018

CEO Contracts Only - items are to be scanned and attached by email (when applicable):

| | | |
|---------------------------------------|---|---|
| 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: _____