

**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:** Sheriff Office **Contact person:** Vanessa McLaughlin  
**Completed by:** Vanessa McLaughlin

**Action:**  
 New  Change  Amendments  Encumbrance # PESO04066


**Fiscal Year** 20/21 **Board Meeting Date** \_\_\_\_\_

**New Vendor**  **Vendor Data Form Attached**

**Vendor #** 110054 **Vendor Name:** Correction Technology Group

**Description:** Request to increase encumbrance to cover 25 additional Cuff ports

Org Code(s)	Description:	Account(s)	PCN(s)	\$ Amount
1 0101-20301-153-1000		520900	15300000	49,835.00
2				
3				
4				
5				
6				

**Dept. Representative approval:**  **Date:** 12/30/20

**Type of Encumbrance:**

**Board Approved**  **Resolution #** \_\_\_\_\_ **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:** 6/30/20-6/30/2021 **Valid Insurance Certificate on file?** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

*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: \_\_\_\_\_