## 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:                                                                              | Roads Maintenance                                      |                                     | tact person:                            | Patti Royston |  |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------|-----------------------------------------|---------------|--|
|                                                                                               |                                                        | Com                                 | pleted by:                              | Amanda Ellis  |  |
| Action:                                                                                       |                                                        | 41                                  | 1                                       |               |  |
| New                                                                                           | Change                                                 | e Amendments 2                      | Encumbrance :                           | #BMS18351     |  |
| Fiscal Year                                                                                   | Fiscal Year 19/20 Board Meeting Date November 12, 2019 |                                     |                                         |               |  |
| New Vendor                                                                                    | Vendor Data Form Attached                              |                                     |                                         |               |  |
| Vendor#                                                                                       | 00000607                                               | Vendor Name: _                      | Town of Truckee                         |               |  |
| Description:                                                                                  | Snow Removal Glenshire/Hirschdale                      |                                     |                                         |               |  |
| Org Code(s)                                                                                   | Description:                                           | Account(s)                          | PCN(s)                                  | \$ Amount     |  |
| 2                                                                                             |                                                        |                                     |                                         | ( <del></del> |  |
| 3 <u>1114-30107-703-1000</u>                                                                  | FY 1819 Snow Rmvl Amend                                | 521140                              | 70310001                                | 23,970.99     |  |
| 5 Please make new line 3 for FY 1819 amended cost                                             |                                                        |                                     |                                         |               |  |
| Dept. Representat                                                                             | ive approval:                                          | MA                                  | Dat                                     | e: 11/6/19    |  |
|                                                                                               |                                                        |                                     |                                         |               |  |
| Type of Encumbrance:                                                                          |                                                        |                                     |                                         |               |  |
| Board Approved                                                                                | X Resoluti                                             | ion #18-351                         | CEO Approved                            | Contract #    |  |
| Type of Contract:                                                                             | Multi-Yea                                              | r 🔽                                 |                                         |               |  |
|                                                                                               |                                                        |                                     |                                         |               |  |
| Construction (C)                                                                              | Ш                                                      | Maintenance (M)                     | Service (S) x                           | Franchise (F) |  |
| Lease (L)                                                                                     |                                                        | M.O.U. (U)                          | Other (O)                               | ]             |  |
| Start/Stop Date: 07/01/18 - 06/30/23 Valid Insurance Certificate on file? Y Exp Date 7/1/2020 |                                                        |                                     |                                         |               |  |
| CEO Contracts Only - items are to be scanned and attached by email (when applicable):         |                                                        |                                     |                                         |               |  |
| Risk Manager Insurance                                                                        | e Form                                                 | Y N                                 |                                         |               |  |
| Valid Insurance Certific                                                                      |                                                        | Y N                                 |                                         |               |  |
| Completed Independen                                                                          | t Contractor Form                                      | YN                                  | *************************************** |               |  |
|                                                                                               | Verified Signed BOS Reso/CEO Contrac                   | t Y N                               |                                         |               |  |
| Assigned:                                                                                     | Control Number                                         | Control Number: Encumbrance Number: |                                         |               |  |
| Entered by:                                                                                   |                                                        | Date:D                              | Date: Dept. Contacted:                  |               |  |