

STATE OF NEVADA GOVERNOR'S FINANCE OFFICE Budget Division

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Special Appropriation Draw Request			
Senate or As	n to request funds that have been sembly Bill. Please complete all any questions or require assistance	fields in sections	s 1 through 4 of this form.
1. Contact In	nformation:		
Name:	y	Organization:	
Telephone:		Email:	
Address:		City:	
State:		Zip:	
2. Appropriation Information:			
Select One:		Senate Bill	Assembly Bill
Bill Number: Excerpt of Bill Text Naming Organization Entered in Section 1:			
3. Draw Info			
State of Nevada Vendor ID Number:			
Don't have one? https://controller.nv.gov/VendorDB/VendorRegistrationReg/ Total Amount of Award as Written in Bill:			
Amount of Previous Draws on This Appropriation:			
Amount Requested in This Draw:			
Remaining Balance (cannot be less than \$0):			
Territorian Determine of toos than 40).			
4. Certification:			
Signature:			Date: