## Risk Management Division Special Equipment Fund

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Agency:</td>
<td></td>
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<tr>
<td>Location:</td>
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<tr>
<td>Name of Requester:</td>
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<tr>
<td>Date Requested:</td>
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<tr>
<td>Telephone:</td>
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<tr>
<td>Budget Account:</td>
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</table>

**Equipment Requested (be specific and include potential vendor and price):**

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**Reason for Request:**

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Attach supporting documentation from physician, Health and Safety Professional

**Budget Analyst Statement:**

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**Budget Analyst Signature:** ____________________________ Date: ____________

**Agency Head Signature:** ____________________________ Date: ____________

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Return to Risk Management Division
201 S Roop St. Ste 201
Carson City Nevada 89703
ATTN: Ana M. Andrews - Phone (775) 687-3191, Fax (775) 687-3195