

Risk Management Division Special Equipment Fund

Agency: _____
Location: _____
Name of Requester: _____
Date Requested: _____ Telephone: _____
Budget Account: _____

Equipment Requested (be specific and include potential vendor and price): _____ _____ _____
Reason for Request: _____ _____ _____ _____ _____
Attach supporting documentation from physician, Health and Safety Professional
Budget Analyst Statement: _____ _____ _____ _____
Budget Analyst Signature: _____ Date: _____
Agency Head Signature: _____ Date: _____

**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**