PAGE: 001 OF: 001

STATE OF NEVADA
BILLING CLAIM

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Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054321

Date	Acct. Period	Fiscal Year	Involves Different Funds / Involves Same Fund	Comments (max. 12 characters)
07/13/05		2006	[X] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	187	8892		138800		3806			2,086.12	DOIT M CH RT
721	187	8891		138800		4301			1,994.68	DOIT M SP RT
721	187	8894		138800		3806			3,191.67	DOIT M SPR
RADIO MICROWAVE SERVICES YEARLY BILLING FOR FISCAL YEAR 2006								Total	7,272.47	

Remarks:

SERVICE	OBJECT
DOIT M CH RT	7551
DOIT M SP RT	7550
DOIT M SPR	7553

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY

505 EAST KING STREET, ROOM 403
CARSON CITY, NEVADA 89701-3702

TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)
If additional lines are needed, attach an Excel spreadsheet with the above information. (Max. 50 lines for entire document.)								Total	

White Copy – Controller

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Signature of Department Approving Authority

Date

Form A-1 (NSPO Rev. 5-02) (O) 1816

STATE OF NEVADA
BILLING CLAIM

Controller's Office Use Only

Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054322

Date	Acct. Period	Fiscal Year		Comments (max. 12 characters)
07/13/05		2006	[X] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	183	7071		137000		3874			125.69	DOIT PLNG
ASSESSMENTS QTRLY BILLING FOR 1ST QTR OF FISCAL YEAR 2006								Total	125.69	

Remarks:

SERVICE	OBJECT
DOIT PLNG	7392

STATE OF NEVADA
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505 EAST KING STREET, ROOM 403
CARSON CITY, NEVADA 89701-3702

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TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)
If additional lines are needed, attach an Excel spreadsheet with the above information. (Max. 50 lines for entire document.)							Total		

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STATE OF NEVADA
BILLING CLAIM

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Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054323

Date	Acct. Period	Fiscal Year	Involves Different Funds / Involves Same Fund	Comments (max. 12 characters)
07/13/05		2006	[x] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	184	7351		137300		3872			49.39	DOIT CONTRACT
721	184	7352		137300		3873			62.42	DOIT SECURITY
ASSESSMENTS QTRLY BILLING FOR 1ST QTR OF FISCAL YEAR 2006								Total	111.81	

Remarks:

SERVICE	OBJECT
DOIT CONTRACT	7392
DOIT SECURITY	7392

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY

505 EAST KING STREET, ROOM 403
CARSON CITY, NEVADA 89701-3702

TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)
If additional lines are needed, attach an Excel spreadsheet with the above information. (Max. 50 lines for entire document.)								Total	

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STATE OF NEVADA
BILLING CLAIM

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CLAIM # 180 IT 054324

Date	Acct. Period	Fiscal Year		Comments (max. 12 characters)
07/13/05		2006	[X] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	182	8540		138500		3809			8.29	DOIT WEB SV
721	182	8540		138500		3809			23.07	DOIT WEB SV
721	182	8540		138500		3809			138.44	DOIT WEB SV
721	182	8540		138500		3809			194.83	DOIT WEB SV
721	182	8540		138500		3809			338.39	DOIT WEB SV
COMPUTING SERVICES QTRLY BILLING FOR 1ST QTR OF FISCAL YEAR 2006								Total	703.02	

Remarks:

SERVICE	OBJECT
DOIT WEB SV	7532
DOIT WEB SV	7532
DOIT WEB SV	7532
DOIT WEB SV	7532
DOIT WEB SV	7532

STATE OF NEVADA
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Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)
If additional lines are needed, attach an Excel spreadsheet with the above information. (Max. 50 lines for entire document.)								Total	

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STATE OF NEVADA
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CLAIM # 180 IT 054325

Date	Acct. Period	Fiscal Year	Involves Different Funds / Involves Same Fund	Comments (max. 12 characters)
07/13/05		2006	[x] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	186	8765		138700		3871			59.09	DOIT INFRASTR
ASSESSMENTS QTRLY BILLING FOR 1ST QTR OF FISCAL YEAR 2006								Total	59.09	

Remarks:

SERVICE	OBJECT
DOIT INFRASTRU	7392

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY

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CARSON CITY, NEVADA 89701-3702

TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)
If additional lines are needed, attach an Excel spreadsheet with the above information. (Max. 50 lines for entire document.)							Total		

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Signature of Department Approving Authority

Date

STATE OF NEVADA
BILLING CLAIM

Controller's Office Use Only

Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054326

Date	Acct. Period	Fiscal Year	Involves Different Funds / Involves Same Fund	Comments (max. 12 characters)
07/13/05		2006	[X] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	181	6564		136500		3816			40.29	DOIT DB HOSTI
721	181	6564		136500		3816			80.59	DOIT DB HOSTI
721	181	6564		136500		3816			287.80	DOIT DB HOSTI
721	181	6564		136500		3816			518.05	DOIT DB HOSTI
721	181	6564		136500		3816			920.97	DOIT DB HOSTI
721	181	6564		136500		3816			1,151.22	DOIT DB HOSTI
DATA BASE HOSTING SERVICES MONTHLY BILLING FOR JULY 2005								Total	2,998.92	

Remarks:

SERVICE	OBJECT
DOIT DB HOSTIN	7539
DOIT DB HOSTIN	7539
DOIT DB HOSTIN	7539
DOIT DB HOSTIN	7539
DOIT DB HOSTIN	7539
DOIT DB HOSTIN	7539

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DEPARTMENT OF INFORMATION TECHNOLOGY

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CARSON CITY, NEVADA 89701-3702

TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)

If additional lines are needed, attach an Excel spreadsheet with the above information.
(Max. 50 lines for entire document.) Total

White Copy – Controller

Pink Copy - Agency

Yellow Copy - Agency

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Signature of Department Approving Authority Date

STATE OF NEVADA
BILLING CLAIM

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Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054327

Date	Acct. Period	Fiscal Year	Involves Different Funds / Involves Same Fund	Comments (max. 12 characters)
07/13/05		2006	[X] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	181	6564		136500		3816			67.52	DOIT DBA
721	181	6561		136500		3816			76.09	DOIT PRG/DEV
721	181	6562		136500		3816			71.53	DOIT QA
721	181	6560		136500		3816			75.05	PROJECT MGMNT
IT LABOR MONTHLY BILLING FOR JULY 2005								Total	290.19	

Remarks:

SERVICE	OBJECT
DOIT DBA	7511
DOIT PRG/DEV	7510
DOIT QA	7515
PROJECT MGMNT	7514

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Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)
If additional lines are needed, attach an Excel spreadsheet with the above information. (Max. 50 lines for entire document.)							Total		

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STATE OF NEVADA
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CLAIM # 180 IT 054328

Date	Acct. Period	Fiscal Year		Comments (max. 12 characters)
07/13/05		2006	[X] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	183	7072		137000		3870			112.17	DOIT PROJ OVE
IT LABOR MONTHLY BILLING FOR JULY 2005								Total	112.17	

Remarks:

SERVICE	OBJECT
DOIT PROJ OVER	7516

STATE OF NEVADA
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Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)
If additional lines are needed, attach an Excel spreadsheet with the above information. (Max. 50 lines for entire document.)							Total		

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STATE OF NEVADA
BILLING CLAIM

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Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054329

Date	Acct. Period	Fiscal Year	Involves Different Funds / Involves Same Fund	Comments (max. 12 characters)
07/13/05		2006	[x] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	182	8537		138500		3809			40.03	BASIC NONSVR
721	182	8524		138500		3809			39.11	DOIT ADABASE
721	182	8537		138500		3809			66.71	DOIT BASICHST
721	182	8521		138500		3809			23.79	DOIT BATCH
721	182	8522		138500		3809			19.59	DOIT CICS
721	182	8529		138500		3809			1.29	DOIT DISK IO
COMPUTING SERVICES MONTHLY BILLING FOR JULY 2005								Total	190.52	

Remarks:

SERVICE	OBJECT
BASIC NONSVR S	7535
DOIT ADABASE	7524
DOIT BASICHSTG	7536
DOIT BATCH	7520
DOIT CICS	7522
DOIT DISK IO	7527

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY

505 EAST KING STREET, ROOM 403
CARSON CITY, NEVADA 89701-3702

TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)
If additional lines are needed, attach an Excel spreadsheet with the above information. (Max. 50 lines for entire document.)							Total		

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Signature of Department Approving Authority

Date

STATE OF NEVADA
BILLING CLAIM

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Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054330

Date	Acct. Period	Fiscal Year		Comments (max. 12 characters)
07/13/05		2006	[X] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	182	8529		138500		3809			0.78	DOIT DISK ST
721	182	8523		138500		3809			15.70	DOIT DB2 DBMS
721	182	8548		138500		3809			6.95	DOIT EMAIL
721	182	8539		138500		3809			266.85	DOIT FULLHSTG
721	182	8538		138500		3809			133.42	DOIT MNGDHSTG
721	182	8525		138500		3809			5.00	DOIT TAPE IO
COMPUTING SERVICES MONTHLY BILLING FOR JULY 2005								Total	428.70	

Remarks:

SERVICE	OBJECT
DOIT DISK ST	7528
DOIT DB2 DBMS	7523
DOIT EMAIL	7533
DOIT FULLHSTG	7538
DOIT MNGDHSTG	7537
DOIT TAPE IO	7525

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY

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CARSON CITY, NEVADA 89701-3702

TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)

If additional lines are needed, attach an Excel spreadsheet with the above information.
(Max. 50 lines for entire document.) **Total**

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Signature of Department Approving Authority Date

STATE OF NEVADA
BILLING CLAIM

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Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054331

Date	Acct. Period	Fiscal Year	Involves Different Funds / Involves Same Fund	Comments (max. 12 characters)
07/13/05		2006	[x] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	182	8531		138500		3809			1,785.00	DOIT TAPE ST
721	182	8528		138500		3809			11.66	DOIT TSO
721	182	8532		138500		3809			15,691.67	DOIT UNIX
721	182	8530		138500		3809			1.11	PRINT MANAGEM
COMPUTING SERVICES MONTHLY BILLING FOR JULY 2005								Total	17,489.44	

Remarks:

SERVICE	OBJECT
DOIT TAPE ST	7526
DOIT TSO	7521
DOIT UNIX	7530
PRINT MANAGEME	7529

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY

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CARSON CITY, NEVADA 89701-3702

TAXPAYER ID: 88-6000022
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Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)
If additional lines are needed, attach an Excel spreadsheet with the above information. (Max. 50 lines for entire document.)							Total		

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Signature of Department Approving Authority

Date

STATE OF NEVADA
BILLING CLAIM

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Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054332

Date	Acct. Period	Fiscal Year		Comments (max. 12 characters)
07/13/05		2006	[X] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	185	8684		138600		3850			2.77	DOIT DIAL UP
721	185	8694		138600		3850			61.09	DOIT DC BRDBN
721	185	8681		138600		3870			93.48	DOIT PC/LAN
721	185	8685		138600		3850			153.85	DOIT SLVNET
721	185	8686		138600		3850			307.69	DOIT SLVNET
721	185	8687		138600		3850			615.39	DOIT SLVNET
SILVERNET WAN SERVICES MONTHLY BILLING FOR JULY 2005								Total	1,234.27	

Remarks:

SERVICE	OBJECT
DOIT DIAL UP	7541
DOIT DC BRDBND	7543
DOIT PC/LAN	7512
DOIT SLVNET	7542
DOIT SLVNET	7542
DOIT SLVNET	7542

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY

505 EAST KING STREET, ROOM 403
CARSON CITY, NEVADA 89701-3702

TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)

If additional lines are needed, attach an Excel spreadsheet with the above information.
(Max. 50 lines for entire document.) **Total**

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Signature of Department Approving Authority Date

STATE OF NEVADA
BILLING CLAIM

Controller's Office Use Only

Mail To *SAMPLE* ADMIN: BUDGET AND PLANNING 1340

CLAIM # 180 IT 054333

Date	Acct. Period	Fiscal Year	☐ Involves Different Funds	Comments
7/13/2005		2006	☐ Involves Same Fund	(max. 12 characters)

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amount	Description (max. 25 characters)
721	185	8688		138600		3850			1,230.78	DOIT SLVNET
721	185	8689		138600		3850			2,461.55	DOIT SLVNET
721	185	8690		138600		3850			4,923.13	DOIT SLVNET
721	185	8691		138600		3850			9,846.25	DOIT SLVNET
721	185	8692		138600		3850			19,692.50	DOIT SLVNET
721	185	8693		138600		3850			39,385.00	DOIT SLVNET

SILVERNET WAN SERVICES
MONTHLY BILLING FOR JULY 2005 **Total** 77,539.21

Remarks:

SERVICE	OBJECT
DOIT SLVNET	7542
DOIT SLVNET	7542
DOIT SLVNET	7542
DOIT SLVNET	7542
DOIT SLVNET	7542
DOIT SLVNET	7542

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY
505 EAST KING STREET, ROOM 403
CARSON CITY, NEVADA 89701
TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amount	Description (max. 25 characters)

If additional lines are needed, attach an Excel spreadsheet with the above information
(Max. 50 lines for entire document) **Total** -

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Yellow Copy - Agency

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Signature of Department Approving Authority Date

STATE OF NEVADA
BILLING CLAIM

Controller's Office Use Only

Mail To: *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054334

Date	Acct. Period	Fiscal Year		Comments (max. 12 characters)
07/13/05		2006	[X] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	185	8696		138600		3850			14.09	DOIT VPN
SILVERNET WAN SERVICES MONTHLY BILLING FOR JULY 2005								Total	14.09	

Remarks:

SERVICE	OBJECT
DOIT VPN	7545

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY

505 EAST KING STREET, ROOM 403
CARSON CITY, NEVADA 89701-3702

TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)
If additional lines are needed, attach an Excel spreadsheet with the above information. (Max. 50 lines for entire document.)							Total		

White Copy – Controller

Pink Copy - Agency

Yellow Copy - Agency

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Signature of Department Approving Authority

Date

STATE OF NEVADA
BILLING CLAIM

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Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054335

Date	Acct. Period	Fiscal Year	Involves Different Funds / Involves Same Fund	Comments (max. 12 characters)
07/13/05		2006	[x] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	186	8795		138700		3822			25.00	DOIT COLLECT
721	186	8795		138700		3822			8.96	DOIT CONF
721	186	8794		138700		3822			0.26	DOIT FONCARD
721	186	8791		138700		3822			16.44	DOIT PHON LN
721	186	8792		138700		3822			0.08	DOIT PBX LD
721	186	8792		138700		3822			0.08	DOIT SPRINT L
TELECOMMUNICATION SERVICES MONTHLY BILLING FOR JULY 2005								Total	50.82	

Remarks:

SERVICE	OBJECT
DOIT COLLECT	7294
DOIT CONF	7294
DOIT FONCARD	7298
DOIT PHON LN	7295
DOIT PBX LD	7296
DOIT SPRINT LD	7296

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY

505 EAST KING STREET, ROOM 403
CARSON CITY, NEVADA 89701-3702

TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)

If additional lines are needed, attach an Excel spreadsheet with the above information.
(Max. 50 lines for entire document.) **Total**

White Copy – Controller

Pink Copy - Agency

Yellow Copy - Agency

I hereby certify that this claim is mathematically correct and represents a bona fide financial obligation not previously paid by, nor transferred from, the Agency's legally authorized and/or appropriated funds. The transfer is hereby authorized as indicated.

Signature of Department Approving Authority Date

PAGE: 011 OF: 012

STATE OF NEVADA
BILLING CLAIM

Controller's Office Use Only

Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054336

Date	Acct. Period	Fiscal Year	Involves Different Funds / Involves Same Fund	Comments (max. 12 characters)
07/13/05		2006	[X] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	186	8797		138700		3822			15.92	DOIT VC ADM
721	186	8796		138700		3822			4.40	DOIT VM
721	186	8795		138700		3847			109.00	DOIT WO ADM
721	186	8793		138700		3822			0.10	DOIT 800 SVC
721	186	8798		138700		3822			250.39	PBXNTWK ACCES
TELECOMMUNICATION SERVICES MONTHLY BILLING FOR JULY 2005								Total	379.81	

Remarks:

SERVICE	OBJECT
DOIT VC ADM	7293
DOIT VM	7292
DOIT WO ADM	0
DOIT 800 SVC	7297
PBXNTWK ACCESS	7509

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY

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TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)

If additional lines are needed, attach an Excel spreadsheet with the above information.
(Max. 50 lines for entire document.) **Total**

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Yellow Copy - Agency

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Signature of Department Approving Authority Date

Form A-1 (NSPO Rev. 5-02) (O) 1816

STATE OF NEVADA
BILLING CLAIM

Controller's Office Use Only

Mail To *SAMPLE* ADMIN:BUDGET AND PLANNING 1340

CLAIM # 180 IT 054337

Date	Acct. Period	Fiscal Year	Involves Different Funds / Involves Same Fund	Comments (max. 12 characters)
07/13/05		2006	[x] Involves Different Funds [ ] Involves Same Fund	

Acct Type = R

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Revenue	Sub	Job #	Credit Amt	Description (max. 25 characters)
721	187	8893		138800		3806			534.31	DOIT M DS1
RADIO MICROWAVE SERVICES MONTHLY BILLING FOR JULY 2005								Total	534.31	

Remarks:

SERVICE	OBJECT
DOIT M DS1	7552

STATE OF NEVADA
DEPARTMENT OF INFORMATION TECHNOLOGY

505 EAST KING STREET, ROOM 403
CARSON CITY, NEVADA 89701-3702

TAXPAYER ID: 88-6000022
TELEPHONE: (775) 684-4333

Acct Type = E

Fund	Agcy	Org	Sub Org	Appr Unit	Function	Object	Job #	Debit Amt	Description (max. 25 characters)
If additional lines are needed, attach an Excel spreadsheet with the above information. (Max. 50 lines for entire document.)							Total		

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Pink Copy - Agency

Yellow Copy - Agency

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Signature of Department Approving Authority Date