



COUNTY OF ALBANY
REQUISITION FOR SUPPLIES TO BE PURCHASED FROM ENCUMBERED FUNDS

Department: Assigned Counsel

Requisition No. _____
(Dept. Assigned): _____

Date: 2/22/20

Encumbrance: 22344001

Suggested Vendor:

AXON Enterprise Inc.
17800 N. 8th St.
Scottsdale, AZ 85255

[illegible]


Department Head Signature



County of Albany
Albany, NY 12207

PHONE
(518) 447-7140
FAX
(518) 447-5588

encumbrance funds *firm* *2025* **Purchase Order**
Fiscal Year 2025 Page: 1 of: 1

Notice to individual claimants

If this claim is being submitted for payment to an individual for services rendered or for any reason other than reimbursement of expenses incurred on county business, you must supply your Fed. ID. NO. or your Social Security No. in the space provided

Federal Tax ID# or Social Security #

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKAGES AND SHIPPING PAPERS.

Purchase Order #

22544001

I _____ (Print or type name of person certifying, whether claimant, member of firm, or officer of corporation) do hereby certify that I am _____ (if individual, leave blank; if partner, write "a member of the firm (naming the firm)"; if corporation, title of officer and name of corporation and that this claim is true and correct and that the amount claimed is due, owing and unpaid; that the services were actually rendered, the disbursements actually and necessarily made or the supplies or equipment actually delivered and that the consideration has passed to the County of Albany

Vendor

AXON ENTERPRISE INC
17800 N 85TH ST
SCOTTSDALE, AZ 85255

Bill To

ASSIGNED COUNSEL PROGRAM
SHANE HUG, ADMINISTRATION
112 STATE STREET ROOM 825
ALBANY, NY 12207

Ship To

ASSIGNED COUNSEL PROGRAM
SHANE HUG, ADMINISTRATION
112 STATE STREET ROOM 825
ALBANY, NY 12207

VENDOR PHONE NUMBER	VENDOR FAX NUMBER	REQUISITION NUMBER	DELIVERY REFERENCE
480-463-2201	480-426-9774		

DATE ORDERED	VENDOR NUMBER	DATE REQUIRED	FREIGHT METHOD/TERMS	DEPARTMENT/LOCATION
02/22/2026	7391			ASSIGNED COUNSEL

NOTES

The Above Purchase Order Number Must Appear On All Correspondence -
Packing Sheets And Bills Of Lading

ITEM#	DESCRIPTION / PART #	QTY	UOM	UNIT PRICE	EXTENDED PRICE
1	Discovery Software Grant GL Account: A91172 - 44120 - 10000	1.0	EACH	\$167,207.00	\$167,207.00

GL SUMMARY

A91172 - 44120 - 10000 \$167,207.00

Certificate of Approval by Department Head or Officer Through Whom Claim Originated

I hereby certify that the services enumerated in this claim were actually rendered by the persons named; the disbursements made; or the supplies or equipment were actually delivered, accepted, counted and inspected by me and are satisfactory and the quantity and quality specified in such claim; that the contract price has been earned; that the services, disbursements, supplies or equipment were necessary and have been, or will be, applied to the use of this department.

Head of Department

Date

AUDITORS USE ONLY*AUDITORS USE ONLY*AUDITORS USE ONLY		
Received for audit		Amount
Claim approved this date		\$
Signed by Auditor:	20	for \$

ALBANY COUNTY CLAIM VOUCHER

Leppig, Christina R

From: DISDevelopment
Sent: Tuesday, May 26, 2026 8:46 AM
To: Leppig, Christina R
Cc: Hug, Shane B
Subject: HW/SW Request - Request Approved

This is to notify you that your **Software Request has been approved by Information Services.** If needed, your department may now enter a requisition into MUNIS.

REQUEST DETAILS:

Request ID: 2026-172
Submitted By: Leppig, Christina R
Date Submitted: 04/29/2026
Request Type: Software
Purpose: Axon
Anticipated Benefits: ease of obtaining discovery

Approved By: Ryan, Desiree
Date Approved: 05/26/2026
Notes (if applicable): Approved. No comments needed