

NORTHERN NEW MEXICO COLLEGE
PURCHASE REQUISITION

Department:	Requested by:	Date:
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Account (FOAP) number: ?

Internal Use Only PO#:	Date:
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Item	Qty.	Unit	Description	Total Estimated Cost	(Purchase Only)	
					Unit Cost	Total
Shipping & Handling						
Total						

Justification: ? ?

Date needed:

Suggested Vendors:

1	2	3

PH:	PH:	PH:
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Approvals:

Director/Chairperson	Provost	VP Finance	President
Date	Date	Date	Date
Procurement approved:		Budget approved:	
Date		Date	

Notes: ?