**REQUISITION FOR PURCHASE**

**P.O. NUMBER**

**DATE:**

- Requisition for Purchase
- Blanket/Open Purchase Order
- Effective Dates
- Request for Purchase Order Revision
- Terms
- FOB

**Fax No:**

- Main
- JMMC
- Department Pickup

**CO. NAME**

**STREET**

**CITY, STATE, ZIP**

**CO. TEL. NO.:**

**Fax No:**

**CO. NAME**

**STREET**

**CITY, STATE, ZIP**

**CO. TEL. NO.:**

**Fax No:**

**ITEM**

**COMM. CODE**

**QTY.**

**UNIT**

**DESCRIPTION**

- check here if CONFIRMING ORDER ONLY, DO NOT DUPLICATE

**COST ACCOUNT**

**UNIT PRICE**

**EXTENDED PRICE**

**OTHER EXPENSES**

- Shipping

**CNM TAX EXEMPTION**

**TOTAL**

**ID #** 01-714409-004

**APPROVED BY (DEPT. DEAN)**

**APPROVED BY (CONTROL AGENT)**

**APPROVED BY (BUSINESS OFFICE)**

**DATE IN**

**DATE OUT**

**DATE IN**

**DATE OUT**

**SUBMITTED BY**

**EXT.**

**DATE:**

**PR**

**ORIGINAL TO PURCHASING AND ONE COPY FOR DEPARTMENT RECORDS**