



Central New Mexico Community College

Designation of Bookholder Request

Bookholder Name: _____

Primary ____ Backup ____ (if applicable)

Department: _____ Program: _____

Phone: _____ Email Address: _____

We, the undersigned, request the above employee be enrolled in the CNM Bookholder Training Program to become an authorized Bookholder to issue Department Purchase Orders under \$2,000.00 per purchase, in accordance with CNM Policy & Procedure #IS-1810.

Control Agent: _____ / _____
Signature Print Name

Bookholder: _____ / _____
Signature Print Name

Purchasing: _____ / _____
Signature Print Name

Purchasing Office Use Only

Date of Training: _____ ID No.: _____

Training Facilitator: _____

Comments: _____