CENTRAL NEW MEXICO COMMUNITY COLLEGE

REQUISITION FOR PURCHASE

P.O. NUMBER

VENDOR CODE

CO. NAME
STREET
CITY, STATE, ZIP

ATTN:

CO. TEL. NO : **Fax No:**

DATE:

☐ REQUISITION FOR PURCHASE
☐ BLANKET/OPEN PURCHASE ORDER
EFFECTIVE DATES _____ _____
☐ REQUEST FOR PURCHASE ORDER REVISION
TERMS _____
FOB _____

☐ Main ☐ JMMC
☐ Department Pickup

User
Dept. **Name:** **Ext:**

ITEM	COMM. CODE	QTY.	UNIT	DESCRIPTION	COST ACCOUNT	UNIT PRICE	EXTENDED PRICE
				☐ check here if CONFIRMING ORDER ONLY, DO NOT DUPL			-
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					OTHER EXPENSES		-
					Shipping		-
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					CNM TAX EXEMPTION ID # 01-714409-004	**TOTAL**	-

APPROVED BY (DEPT. DEAN)

DATE IN _____ DATE OUT _____

APPROVED BY (CONTROL AGENT)

DATE IN _____ DATE OUT _____

APPROVED BY (BUSINESS OFFICE)

DATE IN _____ DATE OUT _____

SPECIAL INSTRUCTION OR REMARKS

Central New Mexico Community College
DIRECTOR, MATERIAL MANAGER
BY:

SUBMITTED BY EXT.

DATE:

PR

CNM

ORIGINAL TO PURCHASING AND ONE COPY FOR DEPARTMENT RECORDS

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