

INTERNAL PURCHASE REQUISITION

UNM-Taos

1157 County Road 110
Ranchos de Taos, NM 87557

Telephone: 575-737-6225
Fax: 575-737-3680

DEPARTMENT: _____

VENDOR NAME : _____

REQUISITIONED BY: _____

ACCOUNT NUMBER: _____

DATE: _____

ADDRESS: _____

Telephone: _____ FAX: _____

PHONE: _____

BUSINESS OFFICE WILL NOT PROCESS INCOMPLETE REQUISITIONS

QUANTITY	CATALOG #	DESCRIPTION SIZE	UNIT PRICE	AMOUNT

BUSINESS OFFICE USE:
 DATE RECEIVED: _____
 DATE ORDERED: _____
 REF#: _____

BUSINESS PURPOSE: _____

SUBTOTAL	
SHIPPING	
TAX	
OTHER	
TOTAL	

Signature _____

Signature _____

Department Chair Approval Date

Dean of Instruction Approval Date

Reimbursement Requisition



UNM-Taos Department of Instruction

Name:

Banner ID:

Address:

E-Mail:

Business Purpose:

Remittance	
Statement #	
Date	
Amount Due	