



NMSU Grants Branch

1500 N Third St.
Grants, NM 87020
(505) 287-6653 fax (505) 287-2329

Date _____

PURCHASE REQUISITION

(Not a Purchase Order)

Vendor

Name _____
 Address _____
 City _____ St _____ ZIP _____
 Phone _____
 Fax _____
 Email _____

Ship To

Name _____
 Company NMSU Grants Branch
 Address 1500 N Third Street
 City Grants St NM ZIP 87020
 Phone (505) 287-6653

Quote # _____

Purchased with Pcard
Request to use Pcard

Qty	Units	Description	Item#	Unit Price	TOTAL
1					\$ 0.00
2					\$ 0.00
3					\$ 0.00
4					\$ 0.00
5					\$ 0.00
6					\$ 0.00
7					\$ 0.00
8					\$ 0.00
9					\$ 0.00
10					\$ 0.00
11					\$ 0.00
12					\$ 0.00
13					\$ 0.00
14					\$ 0.00
15					\$ 0.00
16					\$ 0.00

For Internal Use Only

SubTotal	\$ 0.00
Shipping & Handling	
Tax	
Total Pg 1	\$ 0.00

Vehicle and License # _____

Requested By (Signature) _____

Business Purpose

Index Number

Banner Account Numbers

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	\$ 0.00

All incomplete purchase requisitions will be returned.

Email the finished Purchase Requisitions to:
gr_purchasing@nmsu.edu

Approval

Approval _____ Date _____

Approval _____ Date _____

Approval _____ Date _____

Approval _____ Date _____

Business Office Use Only

Date Entered _____

Requisition # _____



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Quote # _____

Purchased with Pcard
Request to use Pcard

Qty	Units	Description	Item#	Unit Price	TOTAL
17					\$ 0.00
18					\$ 0.00
19					\$ 0.00
20					\$ 0.00
21					\$ 0.00
22					\$ 0.00
23					\$ 0.00
24					\$ 0.00
25					\$ 0.00
26					\$ 0.00
27					\$ 0.00
28					\$ 0.00
29					\$ 0.00
30					\$ 0.00
31					\$ 0.00
32					\$ 0.00

For Internal Use Only

SubTotal	\$ 0.00
Subtotal Pg 1	\$ 0.00
Shipping & Handling	
Tax	
TOTAL	\$ 0.00

Vehicle and License # _____

Requested By (Signature) _____

Business Purpose

Index Number

Banner Account Numbers

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
-	\$ 0.00

Approval

Approval _____ Date _____

Approval _____ Date _____

Approval _____ Date _____

Approval _____ Date _____

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