

## **UNM Bookstore Departmental Requisition Form**

Date		Banner Index #	Sub-Account #	
Dept. Name				
Contact Name				
Physical Address (for delivery)				
Email MSC				
Phone # Fax #				
Qty.	Product #	Description	SKU	Pull/SPO
Customer Circustumes Determined				
Print Name: Signature: Date:				
FOR INTERNAL USE ONLY				
In Store Purchase Order taken by SP Order entered by PO#				
Order - In Store pick up  SPECIAL DELIVERY INSTRUCTIONS				
Order - Delivery				

 $\label{thm:constraint} \mbox{UNM Bookstore Main Requisitions Dept.}$ 

Mon-Fri 8am to 5pm

505-277-7477

FAX: 505-277-1678 Email: reqorder@unm.edu Medical/Legal Bookstore Requisitions Dept.

Mon—Fri 8am to 5pm 505-277-5828

FAX: 505-277-1880 Email: mlreq@unm.edu