

UNM Bookstores Departmental Requisition Form

Date _____ **Banner Index #** _____ **Sub-Account #** _____
If UNM Foundation 4-Digit A/R # _____ **No Banner/Sub-Account Needed**
Dept. Name _____
Physical Address (for delivery) _____
Contact Name _____
Phone # _____ **Email** _____

Qty.	Product Item #	Product Description	SKU	Pull/SPO	Returnable Y/N

FOR INTERNAL USE ONLY

<input type="checkbox"/> In Store Purchase <input type="checkbox"/> Order - In Store Pick Up <input type="checkbox"/> Order - Delivery	Order taken by _____ Order entered by _____ PO# _____ <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> <u>COMMENTS:</u> </div>
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