

INTERNAL REQUISITION

ORGANIZATION: _____ DATE: _____

ORG. CONTACT: _____ PHONE: _____ E-MAIL ADDRESS: _____

PAYMENT TYPE:

1. REIMBURSE UNM STUDENT OR EMPLOYEE 2. ON-CAMPUS VENDOR 3. OFF-CAMPUS VENDOR 4. OTHER
 PETTY CASH <\$100 CHECK ONE TIME MASTER OR INDIVIDUAL

PAYEE INFORMATION: (check all that apply) ___ STUDENT ___ FACULTY/ STAFF/ RA, GA, TA, PA ___ FOREIGN NATIONAL

Payee Name: _____

Complete one ID # as applicable to payee

Address: _____

UNM ID # _____
(UNM Student /Employee)

City State Zip

SSN # _____ - _____ - _____ (Individual-
NON-UNM)

Phone: _____ E-mail: _____

Federal Tax ID # _____ - _____ - _____
(Off-campus Vendor)

DESCRIPTION OF ITEMS/RECEIPTS TO BE PURCHASED OR REIMBURSED (Attach additional pages(s) if more space is needed)

1) _____ \$ _____	4) _____ \$ _____
2) _____ \$ _____	5) _____ \$ _____
3) _____ \$ _____	6) _____ \$ _____

REQUIRED FOR EVENTS:

NAME OF EVENT: _____ DATE: _____

START TIME: _____ END TIME: _____ LOCATION: _____ # of Attendees _____ (IF < 21, ATTACH LIST OF ATTENDEES)

ACCOUNT NUMBERS TO CHARGE AND AMOUNTS (Fill-in all that apply)

ACCOUNT: 670 _____ - _____ \$ _____

ACCOUNT: 670 _____ - _____ \$ _____
Index # Account-code Amount

TOTAL CHARGE AMOUNT →→→→→→→→→→ \$ _____

EXPLANATION OF EVENT/PURCHASE: _____

Authorized Signature _____

Date _____

Authorized Signature _____

Date _____

Note: Payee cannot authorize his or her own reimbursement!

SGAO OFFICE USE ONLY

COMMENTS:

Approved By: _____ Date: _____

Doc. Type: _____ Tracking # _____