

New Mexico State University

Request for Stock Part Creation/ Deletion

Shop Name: _____
 Phone Number: _____

Date: _____
 Requestor Name: _____

Create Stock Part

Critical Spare Part

Manufacturer Name: _____
 Manufacturer Number: _____
 Part Description: _____

Class: _____ Commodity: _____ Item: _____
 Unit of Measure: _____
 Approved Vendor: _____ Yes _____ No
 Vendor Name: _____
 Part needs Conversion? _____ Yes _____ No

Critical Spare Part

Part Number: _____
 Part Description: _____
 Purpose for keeping in stock: _____

Delete Stock Part

Part Number: _____
 Part Description: _____
 Is On Hand Quantity at Zero? _____
 Purpose for deleting part from Stock: _____

Note: All signatures are required for this request to be processed

Shop Supervisor Name (Print)	Shop Supervisor Signature	Date
Responsible Director Name (Print)	Responsible Director Signature	Date
Fac and Serv Exec Director (Print)	Fac and Serv Exec Director Signature	Date
Warehouse Supervisor Name (Print)	Warehouse Supervisor Signature	Date

Warehouse use Only

New Part #: _____ New Bin #: _____
 Entered by: _____ Date: _____