

NEW MEXICO STATE UNIVERSITY
RESIDENTIAL LIFE PROGRAMMING SUPPLIES REQUISITION

Date _____

Facility/Organization <i>(highlight or circle)</i>	Pinon SGCR	Greek/ROTC VDM/Cervantes	Monagle Chamisa	Garcia RGH	SFH
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Requisitioner Print/Sign _____

Name of Program _____

Date of Program _____

Vendor 1 _____ Not to Exceed Cost

Items to purchase

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Vendor 2 _____ Not to Exceed Cost \$

Items to purchase

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Vendor 3 _____ Not to Exceed Cost \$

Items to purchase

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Total Not to Exceed Cost \$ _____

Approvals:

Resident Director _____ Date _____

Director _____ Date _____

Questions: call Maggie at 646-4478 or email to elebario@nmsu.edu