

INTERNAL REQUISITION

ORGANIZATION: _____ DATE: _____

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

PAYMENT TYPE:

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

PAYEE INFORMATION:

Payee Name: _____

Foreign National: Yes

(Complete one ID # as applicable to payee)

Address: _____

UNM ID # _____
 (UNM Student / Employee)

City State Zip

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

Phone: _____ E-mail address: _____

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

DESCRIPTION OF GOODS OR SERVICES	REASON FOR EXPENSE(S)	COST
		\$ _____
		\$ _____
		\$ _____
		\$ _____

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 →→→→→→→→→→ \$ _____

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

Note: Payee cannot authorize his or her own reimbursement

SGAO OFFICE USE ONLY

COMMENTS:

Approved By: _____ Date: _____

Document Type: _____ Tracking # _____