

Springer Municipal Schools

Purchase Requisition

Date: _____

Requisition #: _____

Expense Account #: _____

Vendor Information

Name _____

Mailing Address _____

City State Zip _____

Phone # & Fax # _____

\$0-\$10,000 Requires purchased at best available price

\$20,000-\$30,000 Requires three quotes. Oral or Written

Above \$30,001 Requires sealed bids in accordance with Procurement Code

Professional Services Professional Services less than \$50,000 ~ no bid.

(All purchases will be made in accordance with NMSA Ch. 13-1-1 through 13-1-99, Public Purchase)

ITEM NUMBER	QTY	DESCRIPTION OF ITEM	UNIT COST	TOTAL
Shipping & Handling				
TOTAL				

PLEASE PLACE ORDER

RETURN PO TO REQUESTOR – I will Place

Requested By: _____ Building Supervisor _____ Date: _____

Business Manager: _____ Superintendent: _____ Date: _____

A PO# MUST BE ISSUED PRIOR TO OBTAINING ANY PURCHASE