UNM COLLEGE OF PHARMACY - *Internal Purchase Request*

Date _____ Requestor Phone

Salary Release?

Authorized Signature (Area Head)

☐ person completing form is NOT requestor

person completing form

Payment Method

UNM Index Code UNM Account Code

P-Card Holder

Master Purchase Order #

Account/Index Description (if you do not know the actual code)

Purpose/Justification of purchase

Authorized Signature

Vendor Information

Company Address City State Zip

Phone Fax Contact E-Mail

Fed Tax ID Order Confirmation # Date Prices Confirmed Delivery Date Quoted

Vendor Account #

Critical Delivery by:

Deliver To:

☐ UNM College of Pharmacy
2502 Marble, NE, Room B85
Albuquerque, NM 87131-5691

☐ UNM Research Incubator Building
2703 Frontier, Suite 220
Albuquerque NM 87131-5691

☐ UNM Multidisciplinary Research Facility
2705 Frontier, Second Floor
Albuquerque NM 87131-5691

☐ Oversized Item / Inside Delivery Required

☐ Will Pick Up

Attn: Attn: Attn:

Invoice To: College of Pharmacy
Attn: Accounting Office
MSC09 5360
1 University of New Mexico
Albuquerque, NM 87131-0001

Shipping Preference

Received date	Qty	Unit	Cat. #	Description	Unit Cost	Amount

Special Instructions

Total	
Fuel charge	
Shipping Charge	
Grand Total	

Don't forget to attach pertinent paperwork! (invoice, quote, packing slip, etc.)