			СОМ	COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS SAIPAN, MP 96950 PURCHASE REQUISITION						
REQUESTING OFFICE				PRE	PREPARED BY:			DATE:	REQ. NO:	
									ORDER NO:	2
VEN	DOR NUMI	BER, NAME	E & AD	DRESS:			SHIP TO:	*		•
FOB POINT: SHIP							-	DEI	LIVERY TIME:	
Item	Account Number				Unit	Extended		-	ā.	
No.	Bus. Unit				Cost		Description			
								1 \ 2		
								-		
						7				
								=		
SUB-TOTAL										
				FREIGHT & HANDLING						
					OTHER					
91 au		TOT	AL RE	QUISITI	ON AMOUNT					
JUST	IFICATION:				I	2	l			
				-						
					-					
APPROVED BY: (Department Head/Expenditure Authority) DATE DIRECTOR PROCUREMENT AND SUPPLY DATE										

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