Appendix 5

AOC REQUEST FOR PURCHASE ORDER

To: AOC Fiscal Services Purchasing
FAX #: 505-827-4464

Court Acct. #:

Date:

VENDOR NAME
ADDRESS
CITY STATE ZIP
PHONE

AFRAS CODE:
ORG _____ OBJ _____ AMT _____
ORG _____ OBJ _____ AMT _____
ORG _____ OBJ _____ AMT _____

REQUESTOR
ADDRESS
COUNTY CITY
PHONE ZIP

APPROVING AUTHORITY

____ **NEW VENDOR PROCESS W-9 FORM**

____ **3 DOCUMENTED QUOTES Attached**

____ **STATE CONTRACT NO: _____**
EXPIRATION DATE:_____

Qty	Unit	Item/Complete Description	Unit Price	Extended Price
			Shipping	
			Tax	
			Total	$