

6B CHECK OFF LIST

DATE: _____ REQUISITION ORDER NUMBER: _____

NN PROGRAM / DIVISION: _____

Contact Person: _____ Telephone No.: _____

Total Amount of OR: \$ _____

NN Program / Division Signature Approver Authority – review and approved.

Approved By: _____ Date: _____

Obtain approval from the appropriate Offices prior to purchase:

Office Supply Center (Office supplies).

Approved By: _____ Date: _____

Property Management (Office equipment, computers, etc.). *If applicable*

Approved By: _____ Date: _____

Department of Information Technology (Computer software, computers, etc.). *If applicable*

Approved By: _____ Date: _____

Telecommunication & Utilities (Radios, cell phones, phones, etc.). *If applicable*

Approved By: _____ Date: _____

Records Management (Xerox machines, printing, etc.). *If applicable*

Approved By: _____ Date: _____

Return entire package to Navajo Nation Program/Division 6B Requisitioner.

***NOTE: Scan copy of this checklist and attach to OR order entry.**

TO BE FILLED OUT BY DIVISION OF FINANCE ONLY:	
Order Requisition over 10K must be approved by Purchasing Department Manager.	
Approved By:	Date:
Order Requisition over 50K must be approved by Office of the Controller.	
Approved By:	Date: