

6B CHECK OFF LIST

DATE: _____ REQUISITION ORDER NUMBER : _____

NN PROGRAM / DIVISION: _____

Contact Person: _____ Telephone No.: _____

Total Amount of OR: \$ _____ Email: _____

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 6B package to Navajo Nation Program/Division 6B Requisitioner. Upon return, scan copy of 6B Check Off List, OR Print and all supporting documents then, attach them to your Requisition Order (OR) online.

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: _____