

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:

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: _____

Fiscal Recovery Fund Office (FRF Fund Only):

Approved By: _____ Date: _____

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

***NOTE: Scan the completed signed 6B Check Off List and all final supporting documents then, attach to the Order Requisition (OR) in JDE.**

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: _____