



NORTHEASTERN
STATE UNIVERSITY

Competitive Shop

Department: _____

Vendor Name:	Vendor Name:	Vendor Name:
Contact:	Contact:	Contact:
Phone:	Phone:	Phone:

Item Description:				
1.				
2.				
3.				
4.				
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21.				
22.				
23.				
24.				
25.				
26.				
Total				

Conducted By: _____ Date: _____

Account Sponsor: _____ Date: _____

Requisition: _____