

**PROFESSIONAL PURCHASING BUYER/MANAGER
OF THE YEAR AWARD CRITERIA DATA FORM**

Buyer of the Year _____

Purchasing Manager of the Year _____

Name of Candidate: _____ Title: _____

Organization/Agency: _____ Phone #: _____

Agency Address: _____

Name of Supervisor: _____ Title: _____

I. CONTRIBUTIONS TO PURCHASING:

II. CONTRIBUTIONS TO PROFESSIONAL DEVELOPMENT:

III. CONTRIBUTIONS TO THE GOVERNMENTAL AGENCY SERVED:

IV. CONTRIBUTIONS TO THE MN CHAPTER OF NIGP:

V. PROFESSIONAL CERTIFICATION(S):

VI. CONTRIBUTIONS TO NATIONAL NIGP:

*Refer to the MN Chapter of NIGP website (www.mnnigp.org) for contribution detail.