



PCard System Cardholder Access and Change

ROUTING
MSC 3890
pcard@nmsu.edu
Phone 575-646-2916
Fax 575-646-3736

Instructions: This form is to assign a new cardholder access to the Procurement Card System, add a cardholder reconciler, or remove a cardholder reconciler. Check the appropriate box above to indicate the type of action desired. **New Cardholders must complete Section 1 and Section 2. Complete Section 3 for reconciler information, including reconciler information for a new cardholder, and reconciler changes such as additions or removals.** Complete one document for each cardholder/reconciler changes. **You must have an authorization signature in Section 4.** For assistance, please call Purchasing and Risk Mgmt Admin 575-646-2916. Send completed form to Purchasing and Risk Mgmt Admin– MSC 3890, fax 575-646-3736 or by e-mailing pcard@nmsu.edu.

SECTION 1: REQUESTOR INFORMATION

Name: _____ Phone: _____ E-mail: _____

SECTION 2: REQUEST DETAILS

- New Cardholder Add/Remove Reconciler Add/Remove Approver

CARDHOLDER INFORMATION Effective Date (mm/dd/yyyy): _____

Employee Name: _____ Aggie ID: _____ Campus Box: _____

E-mail Address: _____ Phone: _____ Department/Sub Dept: _____

Print name of your Departmental Approver (Manager)

Primary Approver Name: _____ Aggie ID: _____

Backup Approver Name: _____ Aggie ID: _____

NOTE: A subordinate should not be assigned as the approver of transactions of their direct supervisor. No one can approve their own transactions at the departmental approver level.

Cardholders may designate other NMSU employees to fulfill their review and processing responsibilities by Reconciler. If a "Reconciler" is assigned, the cardholder will continue to receive of any notice of pending transaction. The cardholder will abide by the actions taken on their behalf by the assigned Reconciler.

Per the NMSU signature authority policy BPM Section 2.05 Department Heads and other approvers may delegate their signature authority, though not their responsibility, on routine business transactions to permanent or temporary alternates. See BPM Policy on Signature Approval for clarification of acceptable alternates.

If you are replacing an existing Reconciler, print their name here: _____

RECONCILER

Employee Name: _____ Aggie ID: _____ Campus Box: _____

E-mail Address: _____ Phone: _____ Department/Sub Dept: _____

Signature: _____

SECTION 3: OFFICIAL APPROVAL

Printed Name: _____ Signature: _____ Date: _____
Business Manager/Department Head/Director/Dean

Reset