



# PCard System Cardholder Access and Change

ROUTING  
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Phone 575-646-2916  
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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