



ROUTING	UAR, MSC 4570 uar@nmsu.edu Phone 646-4911 Fax 646-7773
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SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Preparer's Name: _____ NMSU Box #: _____
 Dept. Name: _____ E-mail Address: _____ Phone Ext.: _____ Fax: _____

SECTION 2: REQUEST DETAILS

Index (FOAPAL)	Account	Amount	Description (35 characters)
Total:			

Card Number	Expiration Date (mm/yy)	Zip Code	Amount
Total:			

SECTION 3: REQUESTOR APPROVAL

Requestor Printed Name: _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL

Printed Name: _____ Signature: _____ Date: _____

Principal Investigator Dean/VP/CC President Designee

- Credit card information is not to be stored in departmental files.
 - This form will not be accepted via interdepartmental mail or email. Form must be delivered in person or sent by fax.

SECTION 5: DELIVERY APPROVAL

Delivered By Printed Name: _____ Signature: _____ Date: _____

Received By Printed Name: _____ Signature: _____ Date: _____

Reset