



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)	Amount
Total:		

SECTION 3: REQUESTOR APPROVAL

Requestor Printed Name: _____ Signature: _____ Date: _____