



ROUTING

UAR, MSC 4570
 Phone 646-4911
 Fax 646-7595

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 data must be properly safeguarded at all times while in the temporary custody of the department.
- This form will not be accepted via interdepartmental mail or email. Form must be delivered in person or sent by fax.
- All persons handling credit card information must take PCI training and must be current on mandatory PCI training.
- Questions regarding PCI compliance must be sent to NMSU's IT Compliance Officer at clobato@nmsu.edu.

SECTION 5: DELIVERY APPROVAL

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

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

Reset