



ROUTING
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Instructions: To request and / or delete access to CashNet. If employee will be accepting credit card, PCI DSS Compliance Training must be completed prior to requesting access. Include the Certificate of Completion with this request.

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____

Employee Name: _____ Employee Title: _____

Employee Aggie ID: _____ E-mail Address: _____ Campus Box: _____

College: _____ Organization: _____ Department/Sub Dept: _____

SECTION 2: REQUEST DETAILS

Add Delete Change (to existing security)

Replacement For: _____ Special Instructions: _____

- Access Requested:
- Inquiry Only
 - Supervisor
 - Lead Cashier
 - Department Deposits
 - Cashier: Beginning Balance _____

SECTION 3: REQUESTOR APPROVAL

Requestor

Printed Name: _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL

Dean / VP/ Director / Designee

Printed Name: _____ Signature: _____ Date: _____

Bursar / Designee

Printed Name: _____ Signature: _____ Date: _____

Reset