

New Mexico State University University Accounts Receivable

CashNet[™] Access

UAR, MSC 4570 team_uar@nmsu.edu Phone 646-4911 Fax 646-7773

Instructions: To request add/change/remove access to CashNet. If employee will be accepting credit cards, PCI DSS Compliance Training must be completed prior to requesting access. The training can be found at TrainingCentral.nmsu.edu. If this is a replacement for a past employee submit a request to remove access along with this request.

SECTION 1: REQUESTOR INF	ORMATION		
Date (mm/dd/yyyy):			
Employee Name:	Emplo	yee Title:	
Employee Aggie ID:	E-mail Address:	Cam	pus Box:
College:	Organization:	Department/	/Sub Dept:
SECTION 2: REQUEST DETA	LS		
□ Add □ Remove □ Change (to exis	ting security)		
Replacement For:	Special Instructions:		
Access Request: Auditor Cashier Cashier Supervisor Departmental Deposits eMarket: eMarket Name		R STAFF ONLY Cashiering Management System Administrator Inquiry Only	
SECTION 3: REQUESTOR SIG	SNATURE		
Printed Name: Requestor	Signature:		Date:
□ Check if you have had access in the	past.		
□ I have completed PCI DSS Complian	ce Training in the last 12 months. Co	mpletion Date:	-
SECTION 4: OFFICIAL APPRO	DVAL		
Print Name: Dean / VP/ Director / Des	ignee Signature:		Date:
SECTION 5: UAR APPROVAL			
Print Name:Bursar / Desigr			Date:
UAR OFFICE USE			
Processed by: Print Nar	ne	Signature	Date