**State of Nevada Procurement Card Administrator Change Form**

|  |
| --- |
| Agency Name:       |
| Requestors Name:       |
| Requestors Phone Number:       |

|  |  |
| --- | --- |
| **Add PCA** | Name of New PCA :      |
| [ ]  Primary  | Address:       |
| [ ]  Backup | Phone:       |
|  | Email:       |
| **Add Online Account Access** |  |
| [ ]  Yes  |  |
| [ ]  No |

|  |  |
| --- | --- |
| **Delete PCA** |  |
| [ ]  Primary  | Name of PCA being deleted:      |
| [ ]  Backup |  |
|  |  |
| **Delete Online Account Access** |
| [ ]  Yes  |  |
| [ ]  No |

|  |
| --- |
| Additional Comments (optional):      |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Current PCA or Agency Director Signature |  |  | Date |

**PROCUREMENT CARD APPROVAL FORM**

**(to be completed by EACH PCA)**

**AGENCY**

As the Procurement Card (P-card) Administrator (PCA) for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency, Division, Department), I agree that our agency will abide by agency and statewide procurement card (P-card) policies and procedures. I also agree that our agency-specific *Procurement Card Policies and Procedures* are in compliance with the Division of Internal Audits’ Self Assessment Questionnaire for Procurement Cards.[[1]](#footnote-1) I understand that I will be responsible for management of the day-to-day issues relating to P-card use in our agency. I also agree that while serving as PCA, I **CANNOT** have a P-card issued in my name. I will ensure that each Cardholder signs both the *State of Nevada Procurement Card Program Cardholder Agreement* and his/her card. I also will provide each Cardholder a copy of our agency-specific *Procurement Card Policies and Procedures,* guidelines, and P‑card program materials, as well as access to statewide procedures that control use of the P-card.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Procurement Card Administrator

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The Self Assessment Questionnaire and a Procurement Card Policies & Procedures are available at <http://iaudits.nv.gov/> Click on the Financial Management link. [↑](#footnote-ref-1)