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

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| --- |
| 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 |

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