



Central Purchasing and Risk Management Administration
 MSC 3890
 New Mexico State University
 P.O. Box 30001
 Las Cruces, NM 88003-8001
 Tel: 575-646-2916
 Fax: 575-646-3736

MEMORANDUM

Please print this form, fill it out and fax to the Central Purchasing and Risk Management Administration office, Attn: Darla LaQuey, (575) 646-3736.

DATE:

TO: Michael J. Abernethy, Director of Procurement Services and Risk Management

From: Sponsor Name:

Telephone Number:

Organization:

MSC:

Department:

Dept. Code:

Subject: Insurance Coverage for NMSU Sponsored Trip

Please charge index number _____ for insurance coverage for the dates _____ . The trip is to _____

For the purpose of _____

_____ # of individuals (X) _____ # of days (X) \$.19/day = \$ _____

 Department/Program Head, Title

 Fiscal Monitor (If applicable)

List Students/associated non-employee wishing coverage (or attach list)