

Foundation Card Revision Request

Use this form to make a revision to an existing card account

Cardholder Name: _____ Last four digits of card number _____

Name Change: *New cardholder/Dept/User Name:* _____
Print Name

The following selections require Division Head signature

Change Purchasing Restriction:

Limit Change: _____ New Monthly/Max Limit: _____

Explanation for monthly limit over \$5,000 (approval by CSFPF, CFO required)

Default Account Change: From: _____ To: _____
Account Account

Additional Account Number: _____ To: _____
Account Account

Remove Account Number: _____ To: _____
Account Account

Approving Official (AO) Change: Current (AO): _____
 New (AO): _____

If you wish to cancel your CSFPF Foundation Card, an Approving Official, College Dean, Division Head or their Designee may send an email to foundation@fullerton.edu requesting cancellation. The requestor will receive an email once the card has been cancelled (card should be destroyed and returned to the Foundation, CP-830)

Revision Request Approval

Cardholder's Signature: _____ Date: _____

I hereby approve the revisions referenced above and certify that they are necessary to accomplish the mission and goals of the department. I understand the commitment of any CSFPF Accounts referenced above to all expenditures made on the Foundation Card associated with the revision request. I certify that the above reference New Approving Official understands and accepts the role and responsibility as described in the Foundation Card Program's policy and procedures.

Department Head _____ Title _____
 Or Administrator Print Name

Signature _____
Date

Division Head or _____ Title _____
 Designee Print Name

Signature _____
Date

CSFPF USE ONLY

Completed by: _____ PCard #: _____

Completed date: _____