



**CSFPF
Foundation Card Application**

Use this form to request a new CSFPF Foundation Card account issued in an individual's name.

Cardholder's Name:

Telephone # (657) 278-

(Direct Extension)

CWID#:

Date of birth: _____

Building/Room#:

Department:

Monthly One Card Expenditure Limit:

CSFPF Account to be charged:

Account (5)

Approving Official:

Print Name

I hereby request a CSFPF Foundation Card and agree to abide by the policies and procedures governing the CSFPF Foundation Card Program. I understand that I will be personally/financially responsible for any abuse, misuse, or purchase of prohibited items. I also understand that failure to submit all required documents in compliance with the Foundation Card policy deadlines may result in revocation of my CSFPF Foundation Card.

Cardholder's Signature:

Date:

Application Approval

I hereby approve this request for a CSFPF Foundation Card for the above named Cardholder. I authorize the committal of the above referenced CSFPF Accounts to all expenditures made on the Foundation Card associated with this application. I certify that the above referenced Approving Official understands and accepts the role and responsibility as described in the respective program's policy and procedures.

Department Head
or Administrator

Print Name

Title

Signature

Date

Division Head or
Designee

Print Name

Title

Signature

Date

Return the completed application to CSFPF Dept., CP-850. Contact: Foundation@fullerton.edu or 657-278-2789 with any questions.

CSFPF Foundation Use Only

Processed by:

Card #:

Cardholder:

Date: