

This application is used to request a Foundation Card.

APPLICANT INFORMATION

Please Select Employment Type that is Applicable: State Employee

Applicant's Name: _____ CWID#: _____

Email Address: _____ Phone/Ext: _____

Department/Division: _____ Campus Mail Location: _____

Reason for a Foundation Card: _____

I understand this application request is subject to CSFPF's approval and does not guarantee a Foundation Card will be issued in my name. I agree to abide by the policies and procedures governing the CSFPF Foundation Card Program and acknowledge that I will be personally/financially responsible for any abuse, misuse, or purchase of prohibited items should a Foundation Card be issued in my name.

Applicant's Signature: _____ Date: _____

APPROVING OFFICIAL _____

Approving Official's Name: _____ Phone/Ext: _____

Requested Credit Limit for Applicant: \$ _____ Justification for a Credit Limit Over \$500: _____

Default CSFPF Account #: _____ Name of Account: _____

I hereby approve this Foundation Card request for the applicant named above. I authorize the listed CSFPF Account as a default fund for all unallocated/reconciled expenditures made with the Foundation Card associated with the applicant. As Approving Official, I understand and accept the role and responsibility outlined in the CSFPF Foundation Card Program Policy & Procedure.

Approving Official's Signature: _____ Date: _____

APPLICATION APPROVAL _____

I hereby approve this Foundation Card request for the applicant named above. I authorize the listed CSFPF Account as a default fund for all unallocated/reconciled expenditures made with the Foundation Card associated with the applicant. I acknowledge the Approving Official name in this document is the administrator who supervises the applicant and has delegated authority to certify purchase made with an issued Foundation Card are appropriate.

Department Head or Administrator	Print Name _____	Title _____
	Signature _____	Date _____
Division Head or Designee	Print Name _____	Title _____
	Signature _____	Date _____
*ASC/ASI Executive Director	Print Name _____	Title _____
	Signature _____	Date _____

CSFPF Use Only	
CSFPF Approval _____	Date _____
Card # _____	Exp. Date _____

Please submit completed form to CSFPFCard@fullerton.edu.
For question, call (657) 278-2786 or email the address above.