

*This application is used to request a CSFPF Foundation Card.*

**APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_ CWID#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

Department/Division: \_\_\_\_\_ Campus Mail Location: \_\_\_\_\_

Reason/need 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 \$3,000: \_\_\_\_\_

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

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

Please submit completed form to CSFPF in CP-850. For questions, call (657) 278-2786 or email, [CSFPFCard@fullerton.edu](mailto:CSFPFCard@fullerton.edu).