

*This form is to be completed when an individual is newly assigned as an Approving Official or has completed training.*

### APPROVING OFFICIAL INFORMATION

Approving Official's Name: \_\_\_\_\_ CWID #: \_\_\_\_\_

Approving Official's Email: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

Department/Division: \_\_\_\_\_

#### Cardholder's Under Approving Official's Supervision *(please attach a list if more Cardholder's fall under the Approving Official):*

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

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

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

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

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

### APPROVING OFFICIAL ACKNOWLEDGEMENT

Per the CSFPF Foundation Card Policy and Procedures, I understand the roll and responsibilities delegate to me as Approving Official. I recognize I have the authority to certify purchase made by the Cardholder(s) listed above and am to ensure all purchases are appropriate and comply with the policies and procedures governing the CSFPF Foundation Card Program. Furthermore, I understand once I have given my approval, I retain equal responsibility for all transactions unless corrective action has been made and noted with the Foundation.

To avoid serious infractions, I acknowledge it is my responsibility to ensure: 1) Cardholder's document are submitted in a timely manner; 2) The Separation/Change of Cardholder's Position is followed should a Cardholder or Delegation leaves the department/division/University or reassigned; and 3) Notification to CSFPF at [CSFPFCard@fullerton.edu](mailto:CSFPFCard@fullerton.edu) of any abuse, misuse, or other serious violations.

Approving Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DELEGATE AUTHORITY APPROVAL

I hereby delegate authority to the Approving Official named above. I acknowledge the Approving Official name in this document is the administrator who supervises the Cardholders listed above and has authority to certify appropriate purchase made by the Cardholder.

Department Head or Administrator	Print Name	Title
	Signature	Date

Division Head or Designee	Print Name	Title
	Signature	Date

**CSFPF Use Only**  
*Updated 11/20*

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