

This form is used to delegate an individual's Foundation Card administrative authority to another.

DELEGATION INFORMATION

Cardholder's Name: _____ Last Four Digits of Fnd Card #: _____

Assigned Delegate's Name: _____ CWID#: _____

Assigned Delegate's Email: _____ Phone/Ext: _____

Department/Division: _____ Delegate's Effective Date: _____

CARDHOLDER AUTHORIZATION

Per the CSFPF Foundation Card Policy and Procedures, I understand the assigned delegate named above is assisting in the administrative responsibilities of my Foundation Card reconciliations, and that ultimately, it is my responsibility to reconcile, review, and submit require documentation for charges made on the Foundation Card issued in my name. I acknowledge I retain fiduciary responsibility for all expenditures charged to my Foundation Card. Furthermore, I agree to ongoing financial management of department/division accounts to ensure sufficient funds exist to support the purchases made with my Foundation Card.

I hereby authorize a delegation of authority to the assigned delegate named above. I acknowledge the assigned delegate will remain in effect until one of the following occurs: 1) The cardholder reassigns delegation to another individual; 2) The cardholder no longer chooses to have a delegation of authority; 3) The delegate leaves the department/division or University; 4) The cardholder is reassigned or separates from the department/division or University. I recognize it is my responsibility to notify CSFPF at CSFPFCard@fullerton.edu should the assigned delegate or I be reassigned or separate from the department/division or university.

Cardholder's Signature: _____ Date: _____

DELEGATE ACKNOWLEDGEMENT

As delegate, I acknowledge my administrative responsibilities to the cardholder named above. I understand the CSFPF Foundation Card Policy and Procedures and will exercise due diligence in obtaining and applying relevant information in this administrative role. Additionally, I will ensure that sufficient funds are available for all Foundation Card expenditures.

I recognize it is my responsibility to notify CSFPF at CSFPFCard@fullerton.edu should I no longer serve as delegate for the cardholder listed above, am reassigned, or separate from the department/division or university.

Delegate's Signature: _____ Date: _____

DELEGATION OF AUTHORITY APPROVAL

I understand the individual roles and responsibilities outlined in the CSFPF Foundation Card Policy and Procedures, and acknowledge the cardholder's request to delegate authority to the individual named above for a period of one fiscal year. My signature certifies I have reviewed this request and approve the Foundation Card Delegation of Authority.

Approving Official	Print Name _____	Title _____
	Signature _____	Date _____
Division Head or Designee	Print Name _____	Title _____
	Signature _____	Date _____

CSFPF Use Only
_____ Reviewed By & Date
_____ CSFPF Approval & Date

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