CALIFORNIA STATE UNIVERSITY
FULLERTON

PHILANTHROPIC FOUNDATION

Foundation Card Revision Request

T: 657-278-2786 F: 657-278-7666 http://foundation.fullerton.edu

Updated 9/21

This revision request is used to make changes to an existing Cardholder's CSFPF Foundation Card account.

CARDHOLDER INFORMATION

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

Email Address: _____ Phone/Ext: _____

Department/Division: _____ Campus Mail Location: _____

REASON FOR REVISION

Please select a reason for the revision request:

☐ Cardholder's Name Change: _____ ☐ Department Change: _____

The following reasons will require a signature from the Division Head or their designee:

☐ Approving Official (AO) Change (please attach the new AO's Approving Official Agreement Form):

Current AO's Name: _____

New AO's Name: _____

☐ Temporary Credit Limit Increase: $_____ Start Date: _____ End Date: _____

Justification for a temporary limit increase over $500 (maximum increase may be set at $1,000): _____

_____

_____

☐ Change Default Account: *From Account #* _____ *To Account #* _____

If you wish to cancel your CSFPF Foundation Card, an Approving Official, College Dean, or Division Head or their designee may send an email to CSFPFCard@fullerton.edu requesting cancellation. The requestor and the Cardholder will receive an email once the card has been canceled. The card should be cut in half pieces and returned to the Foundation Account Services.

APPLICATION APPROVAL

I hereby approve this Foundation Card Revision Request for the Cardholder named above. If changed, I authorize the listed CSFPF Account as a default fund for all unallocated/reconciled expenditures made with the Foundation Card associated with the Cardholder. Also, any modification made to the Approving Official name in this document is acknowledged as the administrator who supervises the Cardholder and has delegated authority to certify purchases.

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 the completed form to CSFPFCard@fullerton.edu.