

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

CARDHOLD'S 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 the Division Head's signature.

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

Current AO's Name: _____

New AO's Name: _____

One-Time Credit Limit Increase: \$ _____ One-Time Single Purchase Limit Increase: \$ _____

Permanent Credit Limit Increase: \$ _____ Permanent Single Purchase Limit Increase: \$ _____

Justification for a Credit Limit Increase Over \$3,000: _____

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

If you wish to cancel your CSFPF Foundation Card, an Approving Official, College Dean, Division Head or their Designee may send an email to CSFPFCard@fullerton.edu requesting cancellation. The requester 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 _____ Print Name _____ Title _____

Head or _____

Administrator _____ Signature _____ Date _____

Division Head _____ Print Name _____ Title _____

or Designee _____

Signature _____ Date _____

CSFPF Use Only <i>Updated 11/20</i>	
_____	_____
CSFPF Approval	Date
_____	_____
Card #	Exp. Date