

This revision request is used to make changes to an existing Cardholder's 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: _____

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

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

Permanent Credit Limit Increase: \$_____ Start Date: _____

Justification for a Credit Limit Increases Over \$500 (if applicable, please attach supporting documentation):

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

If you wish to cancel your CSFPF Foundation Card, the cardholder, 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 CSFPF at CP-850.

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

Please submit the completed form to CSFPFCard@fullerton.edu.
 For question, call (657) 278-2786 or email the address above.