

PHILANTHROPIC FOUNDATION

657-278-2786 | foundation@fullerton.edu | https://foundation.fullerton.edu

CSFPF MEMBERSHIP JUSTIFICATION FORM

Effective August 14, 2024

Preparer _____ Extension _____

Department _____

Check One: New Request

Renewal

Membership Type: Institutional

Individual

If individual membership, list name(s):

Name of Organization _____

Term _____

Amount _____

Justification / Benefit to University _____

Chartfield: _____ - _____
Account (5) Object (4)

Membership Approval

I certify that the above membership referenced meets the business purpose and the membership's benefit to the University's primary mission and major functions.

Approval Signature _____ Date _____

Approval Signer (Print name) _____

The individual who requests the membership cannot be the same as the authorized signer. If paying with a Foundation Card, the cardholder cannot be the authorized signer. The signer must be the approver.

All memberships are property of CSUF and must reflect the campus address.

In accordance with IRS regulations, a member's non-business use must be reported as Form W-2 imputed taxable fringe benefit compensation. The imputed income amount will be included in your pay warrant and appropriate payroll withholding taxes deducted.

The original invoice (membership/renewal form) must be attached to the CSFPF Check Request or if payment is made with the Procurement Card the original invoice must be included with the approved statement.

Submit CSFPF Check Request to:

[ServiceNow Check Request Form](#)

Submit Foundation Card Statement to:

csfpfcard@fullerton.edu