

[Award Name & Definition Here](#)

REQUESTER INFORMATION

Requester's Name: _____ Today's Date: _____

Email Address: _____ Phone/Ext: _____

Department/Division: _____ Campus Mail Address: _____

FACULTY/STAFF AWARD RECIPIENT

Award will be applied to recipient's payroll designated state fund and reimbursed by the Foundation account indicated in the PO.

Recipient's Name: _____ CWID #: _____

Recipient's CMS Position #: _____ Amount: \$ _____

ComboCode: XXXXX – G – _____ – **7806** EE
Dept Code Account # CSFPF Program Code

REQUIRED DOCUMENTATION

- Purchase Order
- Justification Memo Signed by Dean/VP
- Recipient's Application
- Award Criteria
- Recipient Award Letter

APPROVALS

I certify that this request is in accordance with the CSUF and CSFPF Faculty and Staff Award Policies. Approver must have Delegation of Authority on file for the chartfield indicated.

Vice President/Dean

Print Name & Title

Date

*** Submit to payroll@fullerton.edu, and a copy sent to foundation@fullerton.edu

REFERENCES

[CSFPF Faculty & Staff Award Policy](#)

[Integrated CSU Administrative Manual 1301 – Hospitality Policy](#)