

[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](mailto:payroll@fullerton.edu), and a copy sent to [foundation@fullerton.edu](mailto:foundation@fullerton.edu)

**REFERENCES**

[CSFPF Faculty & Staff Award Policy](#)

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