

This form is to be completed and presented to Foundation Account Services at the time the Cardholder is issued their Foundation Card.

CARDHOLDER INFORMATION

Cardholder's Name: _____ Title: _____

Department/Division: _____ Campus Mail Location: _____

Email Address: _____ Phone/Ext: _____

I agree to abide by the policies and procedures governing the CSFPF Foundation Card Program. I accept my fiduciary responsibility for charges made with my Foundation Card and understand I will be held personally/financially responsible for any abuse, misuse, or purchase of prohibited items. I acknowledge my responsibility to reconcile, review, and submit require documentation for charges made with my Foundation Card. Lastly, I recognize it is my responsibility to notify CSFPF at CSFPFCard@fullerton.edu should I no longer serve in my role identified above, reassign, or separate from the department/division or university.

Cardholder's Signature: _____ Date: _____

APPROVING OFFICIAL _____

Approving Official's Name: _____ Title: _____

Department/Division: _____ Campus Mail Location: _____

Email Address: _____ Phone/Ext: _____

Per the CSFPF Foundation Card Policy and Procedures, I understand the roll and responsibilities delegate to me as Approving Official. I recognize I have the authority to certify purchase made by the Cardholder(s) listed above and am to ensure all purchases are appropriate and comply with the policies and procedures governing the CSFPF Foundation Card Program. Furthermore, I understand once I have given my approval, I retain equal responsibility for all transactions unless corrective action has been made and noted with the Foundation.

To avoid serious infractions, I acknowledge it is my responsibility to ensure: 1) Cardholder's document are submitted in a timely manner; 2) The Separation/Change of Cardholder's Position is followed should a Cardholder leave the department/division/University or reassigned; and 3) Notification to CSFPF at CSFPFCard@fullerton.edu of any abuse, misuse, or other serious violations.

Approving Official's Signature: _____ Date: _____

**Please submit completed form to CSFPF in CP-850 at the time of Foundation Card issuance.
For questions, call (657) 278-2786 or email, CSFPFCard@fullerton.edu.**

CSFPF Use Only
Update 11/20

Card Issued By

Issuance Date

Last 4 Digits of Card

Card Exp Date

Date Trained