

**CARDHOLDER INFORMATION**

Cardholder's Name: \_\_\_\_\_ Last 4 Digits of Card # (if applicable): \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_  
 Department/Division: \_\_\_\_\_ Campus Mail Location: \_\_\_\_\_

**VENDOR INFORMATION**

Business/Vendor's Name: \_\_\_\_\_ Visit Date & Time: \_\_\_\_\_  
 Business/Vendor's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact's Name: \_\_\_\_\_ Date & Time of Contact: \_\_\_\_\_  
 Contact's Email: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

Provide a detail description of attempts made to obtain an original/duplicate receipt or affidavit (attach supporting documentation if available):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PURCHASE INFORMATION**

Purchase Date: \_\_\_\_\_ Document/Reference # (if possible): \_\_\_\_\_ Foundation Acct #: \_\_\_\_\_

#	Itemization & Description of Purchase	Detail Business Purpose/Justification	Amount
1			
2			
3			
4			
5			
<b>Tip (if applicable)</b>			
<b>Sales Tax (if applicable)</b>			
<b>Total Purchase (amount must tie with bank statement)</b>			

**CARDHOLDER'S ACKNOWLEDGMENT**

I certify I have taken all measures to obtain an original/duplicate receipt for the purchase and amount stated above. The purchased item(s) represented on this form meet the educational mission, CSFPF and CSUF policies, and comply with the CSFPF Account Agreement. I attest I have not or will claim reimbursement from any other source nor claim this purchase as a tax deduction. I understand that habitual use (more than three (3) times in a fiscal year) of this form will result in suspension of Foundation Card privileges.

Cardholder	Print Name	Title
	Signature	Date
Approving Official	Print Name	Title
	Signature	Date
Department Head or Administrator	Print Name	Title
	Signature	Date

Please submit completed form to CSFPF in CP-850. For questions, call (657) 278-2786 or email, [foundation@fullerton.edu](mailto:foundation@fullerton.edu).