

Financial Services

5500 University Parkway. San Bernardino, CA 92407
Main (909) 537-7213 Fax (909) 537-7175

Philanthropic Credit Card Request Form

PLEASE RETURN COMPLETED FORM TO:
UNIVERSITY ADVANCEMENT AD-104

Please complete the following information for each card requested. The cardholder's name will appear on the credit card *exactly* the way it reads on this form.

Cardholders will be responsible for making direct contact with vendors and ordering commodities using the credit card. Cardholders will prepare a Bank Payment Authorization form, attach the charge slip to form and forward the paperwork to University Advancement. Cardholder agrees to adhere to campus and purchasing card policies and procedures.

Approving Official will be responsible for reviewing the monthly purchasing card usage report and approving it before it is sent to Advancement Services for processing.

Cardholder's Name

Cardholder's Date of Birth (M/D/YY)

Department

Phone

Email

Authorized Philanthropic Account No. to be Charged

Contingency Philanthropic Account for Cost Overruns
(Must have \$500 Balance):

Account Administrator Name

Requested Credit Limit

Cardholder Signature

Date

Account Administrator Signature

Date

Robert J. Nava, CSUSB Philanthropic Foundation Executive Director

Date

Financial Services

Date

Corporate Card #

Approved Credit Limit