## **CALIFORNIA STATE UNIVERSITY, FULLERTON**

## Contracts and Procurement e-Business Programs Office Supply Application

Use this form to request a new Office Supply Program user account.

User Name:				Telephone # (657) 278- (Direct Extension)		
CWID#:				Delivery Location (Building-Room#):		
				Campus Email	:	@fullerton.edu
Department:						
ChartField to be Cha	rged:	Fund (5)	Dept ID (5)	Program (4)	Class (5)	
		Fund (5)	Dept ID (5)	- Program (4)	Class (5)	
		Fund (5)	Dept ID (5)	Program (4)	Class (5)	
					and procedures gove misuse, or purchase o	erning the CSUF Office Supply of prohibited items.
Office Supply User's Signature:			Date:			
above referenced CS	s request for a O UF ChartField(s) enced Approving	to all expendit	tures made on the	office supply us	er account associated	I authorize the committal of the I with this application. I certify bed in the Office Supply Progran
Department Head or Administrator	Print Name				Title	
	Signature				Date	
Division Head or Designee	Print Name				Title	
	Signature				Date	
			Submit to Cont	racts and Procure	ment   Questions? ebus	siness@fullerton.edu   Rev. 03/19

Card #:

Training Scheduled, Date:

**Contracts and Procurement Use Only** 

**Process Application** 

ChartField Setup

Processed by: