

# P-Card Unauthorized Purchase Approval Request

Cal State Fullerton

CONTRACTS & PROCUREMENT

657-278-2411 | eBusiness@fullerton.edu

*This form is used for P-Card purchases made without the required preauthorization. Purchases of goods or services without preapproval violate the P-Card Program Policy, CSU Policy, and state law. Please complete the following in full and attach this form to the unauthorized expense associated with a P-Card Expense Report.*

Cardholder's Name: \_\_\_\_\_ Last Four of P-Card #: \_\_\_\_\_

Email: \_\_\_\_\_ Department: \_\_\_\_\_

Vendor: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Description of Item(s) Purchase: \_\_\_\_\_

1. List the section(s) of the P-Card Program Policy that was/were violated:

2. What were the circumstances that led to the violation of policy?

3. What is the business purpose for this purchase (include what, when, where, who, why, and no abbreviations.)

4. Have you submitted a P-Card Unauthorized Purchase Approval Request this fiscal year?

Yes

No

**Cardholder Acknowledgement:** I acknowledge that I have violated the P-Card Program Policy. This form represents an infraction and may lead to a possible P-Card suspension. I understand that I may be held personally liable if eBusiness deems this expense inappropriate or disallowed under the P-Card Program and CSUF policies.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Adobe Sign Participant 1)

**Approving Official Acknowledgement:** I acknowledge that the cardholder has violated the P-Card Program Policy and can be held personally liable for the unauthorized purchase. However, I certify that this purchase is for bona fide business purposes and is necessary for the CSUF mission.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Approving Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Adobe Sign Participant 2)

**Department/Division Acknowledgement:** I understand that the cardholder has violated the P-Card Program Policy, and their Approving Official certifies that the purchase serves a business purpose. I acknowledge the violation and the justification provided and approve the purchase as necessary for the CSUF mission.

Department Head (Adobe Sign Participant 3)	Print Name	Title
	Signature	Date
VP or VP's Designee (Adobe Sign Participant 4)	Print Name	Title
	Signature	Date

*Download completed form with Adobe Sign Audit Report and email to eBusiness@fullerton.edu for processing.*