



STAPLES ACCOUNT REQUEST FORM

University Hall 180
Phone: (818) 677-2301
Fax: (818) 677-6544
Mail Code: 8231
Email: purch@csun.edu

NEW

CHANGE

DELETE

STAPLES ACCOUNT INFORMATION:

First Name: _____ Last Name: _____ CSUN ID: _____
No Nicknames

Title: _____ Ext: _____ Email: _____

Department Name: _____ Department ID: _____

Shipping Address: 18111 Nordhoff Street, Northridge, CA 91330-_____

Building: _____ Room No.: _____

P-CARD HOLDER CURRENTLY? YES NO *(If YES, skip to Department Approver)*

STAPLES/Ghost Card ONLY: Single Transaction Limit (Default \$2,000) \$ _____

Monthly Transaction Limit (Default \$2,000) \$ _____

NOTE: Transaction limits must be completed for non-P-Card holders.

Department Approver: _____ Title: _____

Ext: _____ Email: _____

REQUIRED CHARTFIELDS:

Acct: _____ Fund: _____ Dept ID: _____ Program: _____ Class: _____ Project/Class: _____

APPROVAL:

I am requesting a Staples/Ghost Card Account to be established for the employee indentified above. I have verified that the STATE employee is not a temporary employee, nor a student assistant.

Financial Approver: _____ Date: _____

Print Name: _____

DFO: _____ Date: _____

DFO signature required if requested by a college

Print Name: _____