



### STAPLES ACCOUNT REQUEST FORM

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

**MAR:** \_\_\_\_\_ Date: \_\_\_\_\_

MAR signature required if requested by a college

Print Name: \_\_\_\_\_