

**FEDEX USER PROFILE SET UP**  
**(Formerly Kinko's)**  
**CSULB RESEARCH FOUNDATION**  
**FEDEX ACCOUNT #0471863408**

**DEPARTMENT INFORMATION**

Department Name: \_\_\_\_\_

Delivery Location (default) : \_\_\_\_\_

**CHARTFIELDS**

Please specify the default chartfield values. If split funding, please use both lines.

Fund Number: \_\_\_\_\_ Dept ID Number: \_\_\_\_\_

Fund Number: \_\_\_\_\_ Dept ID Number: \_\_\_\_\_

Account Number:  660001 Postage and Freight

660002 Printing

Is this person authorized to place their own orders? Please initial. \_\_\_\_\_ Yes \_\_\_\_\_ No

Purchase Limit: \$ \_\_\_\_\_ (Purchase Limit Maximum is \$4,999)

**APPROVAL**

I, the requestor, certify that I will only purchase items that are reasonable and necessary for the department's operations and the University's mission.

**Requestor (please print)** \_\_\_\_\_ **Requestor Signature** \_\_\_\_\_

**Requestor Phone** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email Address** \_\_\_\_\_ @csulb.edu

I, the appropriate administrator/approver, certify that I will oversee that funds are available for any purchases and that the activity is reasonable and necessary for the department's operations and the University's mission. ([Delegation of Authority/Purchasing Policy](#))

**Appropriate Administrator/Approver Name (please print)** \_\_\_\_\_

**Appropriate Administrator/Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Submit the completed and approved form to Research Foundation Purchasing using one of the following methods:

*Mail: Research Foundation Suite 332 - FNDBLDG, 6300 State University Drive, Long Beach CA 90815-4680 Phone:(562)985-7634*

*Fax: (562) 985-7951 or 5-7951*

*Email: fnd-purchasing@csulb.edu*