

## PROJECT UPDATE FORM

PROJECT TITLE: \_\_\_\_\_  
 PROJECT #: \_\_\_\_\_  
 EFFECTIVE DATE: \_\_\_\_\_

### INSTRUCTIONS

Complete applicable sections and return to CSU Fullerton, Auxiliary Services Corporation Financial Services, Titan Hall - 1121 N. State College Blvd, Fullerton, CA 92831

### PART 1: UPDATING CAMPUS PROGRAM NAME AND DATES

Change Campus Program Name to: \_\_\_\_\_

Update Campus Program Dates to: Project Period Begin Date: \_\_\_\_\_

Project Period End Date: \_\_\_\_\_

### PART 2: UPDATE AUTHORIZED SIGNATURES

*\*Authorized signers not to exceed three (3) persons.*

<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Delete	_____	_____	_____	_____
	*Primary 1 Signature Name	Primary 1 Signature	Initials	Email Address
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Delete	_____	_____	_____	_____
	*Primary 2 Signature Name	Primary 2 Signature	Initials	Email Address
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Delete	_____	_____	_____	_____
	*Supervisor	Primary 4 Signature	Initials	Email Address

### Part 3: UPDATE USERS TO ACCESS TO MONTHLY STATEMENTS

<input type="checkbox"/> Add	_____	_____
<input type="checkbox"/> Delete	_____	_____
	Report Access 1 Name	EMAIL
<input type="checkbox"/> Add	_____	_____
<input type="checkbox"/> Delete	_____	_____
	Report Access 2 Name	EMAIL
<input type="checkbox"/> Add	_____	_____
<input type="checkbox"/> Delete	_____	_____
	Report Access 3 Name	EMAIL
<input type="checkbox"/> Add	_____	_____
<input type="checkbox"/> Delete	_____	_____
	Report Access 4 Name	EMAIL

### PART 4: UPDATE BUDGET OFFICER

<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Delete	_____	_____	_____	_____
	Budget Officer Name	Budget Officer Signature	Initials	Email Address

Department: \_\_\_\_\_ Division: \_\_\_\_\_ College: \_\_\_\_\_

### PART 5: PROJECT DIRECTOR AUTHORIZATION (REQUIRED)

*As Project Director, I authorize the above changes to the project*

Project Director Name: \_\_\_\_\_ Project Director Signature: \_\_\_\_\_

### FOR ASC USE ONLY

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_