



## Transfer Cart Authorization Form

This form is to be utilized for state employees wishing to have shopping capability on the Campus Marketplace, and to transfer their shopping carts to an approved state p-cardholder.

_____	_____
Originator name (shopper)	Title
_____	_____
Department	Email
_____	_____
Extension	Date

My shopping cart will be transferred to the following state p-card holder:

_____	_____
State p-card holder name (submitter)	Title
_____	_____
Department	Email
_____	_____
Extension	Date

Complete and email to: Your p-card holder at [purchasing@csuci.edu](mailto:purchasing@csuci.edu).  
The originator will receive a confirming email inviting them to the Campus Marketplace site.