



CAMPUS MARKETPLACE ENROLLMENT FORM

This form is to be utilized for SF State employees wishing to have shopping capability on the Campus Marketplace either using their own purchase card or by transferring their carts to an approved SF State P-Card Holder.

USER INFORMATION

Shopper: [] SFSU ID: []
Email: [] Phone: []
Building and Room Number: []
Shipping Address (If Other Than Main Campus): []

TRANSFER CART APPROVER (Section to be filled out by transfer cart users only):

My shopping cart will be transferred to the following P-Card Holder:

P-Card Holder Name: [] SFSU ID: []
Email: [] Phone: []

Signature of Shopper Date Signature of P-Card Approver Date
Name: [] Name: []
Title: [] Title: []
Dept.: [] Dept.: []

Complete and email to Vanessa Mariano (vmariano@sfsu.edu). You will then receive a confirming email inviting you to complete your registration on the Campus Marketplace site.