*Note: Please provide the Campus Banking team 1-3 weeks to successfully configure, create, and test the storefront prior to usage.*

**Date:**

**Contact information**

|  |  |
| --- | --- |
| Department name: |  |
| Contact name: |  |
| UMB Employee ID: |  |
| Contact phone: |  |
| Contact email: |  |
| Department website & email (if any): |  |

**Storefront information**

Date needed for site to be available:

Storefront Request: New Storefront [ ]  Modify existing [ ]

Is there a logo you would like to appear at the top of the page: Yes [ ]  No [ ]

If yes, please attach logo in email request. Image size must be 500 x 500 pixels or less and less than 1 MB size. Format must only be in .jpeg, .gif or .png.

**If no, a standard Umass Boston logo will be used to appear on the storefront page.**

Is there a banner you would like to appear below the logo: Yes [ ]  No [ ]

 If yes, please attach banner image in email request. Image size must be 625 x225 pixels

 and a maximum size of 1 MB. Format must only be in .jpeg, .gif or .png.

Storefront URL (**only for modifications**):

Specify information to be modified (**only for modifications**):

**Item information**

Storefront Use (Type of Payment): Conference Fee [ ]  Membership Fee [ ]

Event/Workshop Ticket [ ]  Sponsorship [ ]  Subscription[ ]

 Other: [ ]  Please Specify:

Description of item:

Price of item:

Reference information to be collected from Payer: (ex. name, UMB ID, address, etc.)

|  |  |
| --- | --- |
| **Reference Information** | **Required (Y/N)?** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Are you selling more than one item? Yes [ ]  No [ ]

If yes, please fill out the Item Code Request Form and attach along with the main request.

Date for Item to be disabled from storefront:

**Chartfield String Information**

Provide the below for **revenue** collected, to be reviewed by Controller’s Office for approval.

|  |  |  |  |
| --- | --- | --- | --- |
| Fund | Account | Department | Program |
|  |  |  |  |

**Controller’s Office Approval**

Controller’s Office Staff Signature Date

**Department Authorizing Signature**

*All assigned Transact users agree to complete the annual PCI training annually prior to obtaining Transact access. In addition, the users have also reviewed the eMarket storefront & user guide and have understood its contents.*

Signature of Authorized Signer (Dir or Assc Dir) and Printed Name Date