*Note: Please provide the Campus Banking team 2-4 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:

End Date 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