This section to be completed by applicant

Application Type: New [ ] Revised [ ]

Department/Group Name: ____________________________________________________________

Contact Name: (please Print) _________________________________________________________

Site: _________________ Form ID: (if existing) ___________ Page ID (if existing): ___________

Supervisor/Department Head Signature: __________________________________________ Date: __________

Department General Ledger Account Number: ____________________________________________

Describe the event or activity the e-commerce payments will be used for: ____________________________________________

Date(s) of event: __________ Date Web Form to go Live: __________ Date to remove Web Form: __________

(Contact’s responsibility)

Describe the frequency of this event or activity:

One time [ ] Annual [ ] Continuous [ ] Other [ ] Please explain your selection in detail: __________________________

Please note that there will be a $0.30 per transaction fee and an approximate 2.3% processing fee (subject to change) that will reduce your gross payment and will be charged to your departmental expenses.

Example: Fee for the event: $25.00

Transaction fee: (.30)

Processing Fee: (.58)

Net Revenue: $24.12

Departmental Expense: .88

Please send this application form to Renee Lillibridge in OFS after completing this section.

This section to be completed by the Controller and used by Web Programmer.

e-commerce application: Approved [ ] Denied [ ] __________________________ Date: ____________

(signature of Controller)

Reason for Approval or Denial: ____________________________________________________________

Issue refunds: Approved [ ] Denied [ ] __________________________ Date: ____________

(signature of Controller)

Reason for Approval or Denial: ____________________________________________________________

Datatel Revenue Account Number: ______________________________________________________

(event occurs in the current fiscal year) (assigned by the Controller)

Datatel Deferred Revenue Account Number: _____________________________________________

(event occurs in the subsequent fiscal year) (assigned by the Controller)

Datatel Expense Account Number: ________________________________________________

(event occurs in the current fiscal year) (assigned by the controller)

Datatel Deferred Expense Account Number: _____________________________________________

(event occurs in the subsequent fiscal year) (assigned by the controller)

Date e-commerce work order closed: __________________________

(OFS to complete)