This section to be completed by applicant			
Application Type: New 🗌 Revise	ed 🗌		
Department/Group Name:			
Contact Name: (please Print)			
Site:	Form ID: (if existing)	Page ID (if existing):	
Supervisor/Department Head Signat	ure:	Date:	
Department General Ledger Accour	nt Number:		
		Date to remove Web Form:	
	-	(Contact's responsibility)	
Describe the frequency of this event	or activity:	(Contact's responsibility)	
Describe the frequency of this event One time Annual Contin	or activity: uous D Other Please explain ransaction fee and an approximate 2.3% pr	(Contact's responsibility) your selection in detail:	
Describe the frequency of this event One time Annual Contin Please note that there will be a \$ 0.30 per t	or activity: uous D Other Please explain ransaction fee and an approximate 2.3% pr		

This section to be completed by the Controller and used by Web Programmer.			
e-commerce application: Approved Denied (signature of Controller)	_ Date:		
Reason for Approval or Denial:			
Issue refunds: Approved DeniedDate:Date:Date:			
Datatel Revenue Account Number:			

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