

eMarket Request Form

The discipline of learning. The art of caring.

Request Date: Requested by:	•		_ Extension	11:
Email:	Department:			
Type of Request: ☐ Create New Site	☐ Modify a	☐ Modify an Existing Site ☐		Create Checkout
Please select the frequency of your event:	Year-Round ☐ Recurring		g □ One-Time	
eMarket Start Date:/		eMarket E		
If you are modifying an existing site, please provide	your site name or U	RL:		
Do you have a specific color scheme request?				
Will the customer be required to login before purchase?		□ Yes	\square No	
Are goods/services taxable?		□ Yes	\square No	
Are you shipping physical goods?		□ Yes	\square No	
Do you charge for shipping?		□ Yes	\square No	
Do you collect registration information?		□ Yes	\square No	
If yes, what information do we need to collect?				
Please list the item(s) you wish to sell on the eMarke	et site (be sure to inc	clude the cost and	l FOAPAL(s)	:
Domonton				
•	ent/College App iscal Manager's Sign		F	oate:
riscai Manager s Name (11mt).	scai Manager s Sigi	iature.		vate.
Designee's Name (Print):	esignee's Signature	:	Г	ate:
UF	S&T Approval			
Bursar's Name (Print):	ursar's Signature:		Г	oate:

