Storefront Request form

Name of department (max 50) _____

Cost Object_____   **GL Account**_____
     Grants/WBS elements must have pre-approval from either Grants Accounting or Deb Wilcox

Name of conference/workshop or item(s) sold (max 105 characters)

_____

Information to collect from payer (below are common fields, please check whether the field is required or optional; add additional sheets as necessary):

	Required	Optional
First Name	☐	☐
Last Name	☐	☐
Organization	☐	☐
Department	☐	☐
Title	☐	☐
Address	☐	☐
Phone	☐	☐
Email	☐	☐
Luncheon Attendance	☐	☐
Dietary Restrictions	☐	☐
Other information needed:		
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

Type of Registration:	Cost	Refund Policy:
Student	$_____	Non-refundable _____
Faculty/Staff	$_____	Refundable (please provide text)
Other: _____	$_____	_____
		_____

Reports

Reports will be automatically generated electronically through the email address you provide and will include any new activity since the last report. A comprehensive report will be provided prior to the shut down date provided below, and can be provided as requested by emailing a request to unobst@unomaha.edu.

Report frequency: _____Daily

_____Weekly   On (circle one): M T W Th F Sa Su

_____Monthly On (day 1-31): _____

Report format: _____pdf _____Excel _____csv

Email addresses to receive report: _____ _____

_____ _____

Payment Options

The Marketplace is used by a variety of departments and allows payers to select "Payment by Check, Scholarship, External Agency or Other Method". This cannot be turned off for departments that do not wish to use this function, but a message will be put in place on your storefront page to let payers know that it should not be selected if you choose not to use it.

Will you allow check payments Y / N

If yes, please provide mailing address

_____

_____

_____

Will you allow internal transfers JEs from other NU departments? Y / N

If yes, a message will be included on your site that you will contact that department for cost object/GL information to process.

Date to go live _____   Date to shut down   _____

Contact for questions   Name_____   Extension_____

Please provide in a separate file an icon for your page. Must be jpeg, gif or png, no larger than 500 X 500 pixels and less than 1MB. If no icon is provided, the O.png icon will be used.

I understand that the CASHNet Storefront is to be used to accept payments directly from payers by web. I agree that my department will not accept payments by phone or mail and input transactions into the website, nor will my department direct payers to a UNO-owned computer/device to make payment.

_____   _____

Department Head   Date