|  |  |
| --- | --- |
|  | APPLICATION FOR EMARKET STOREFRONT |

 One Washington Square San José, CA 95192-0138

**IMPORTANT: EMARKET CAN NOT BE USED FOR STATE TUITION OR MANDATORY FEES**

|  |  |  |  |
| --- | --- | --- | --- |
| Department |  | Date |  |
| Contact |  | Email Address |  |
| SJSU ID # |  | Phone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Event Name if applicable |  | Event Date if applicable |  |

|  |
| --- |
| **Request for:** [ ]  New Storefront [ ]  Additional Products/Updates to Existing Storefront  If Existing, Merchant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Product/Service/Fee (check all that apply) | Amount/ Fee | Fund (5) | Dept ID (4) | Account | Program (3) | Class (4) |
| [ ]  Conference |  |  |  |  |  |  |
| [ ]  Donation (**Tower Foundation** **Account only**)  | N/A |  |  |  |  |  |
| [ ]  Membership Fee |  |  |  |  |  |  |
| [ ]  Physical Goods |  |  |  |  |  |  |
| [ ]  Scholarship |  |  |  |  |  |  |
| [ ]  Test Fee |  |  |  |  |  |  |
| [ ]  Tickets **(Graduation Ceremony please read NOTE 2 below)** |  |  |  |  |  |  |
| [ ]  Other |  |  |  |  |  |  |
| Purpose of storefront or additional products to existing storefront: |

**NOTE: General ledger account number will be assigned by the Accounting Office for departments who deposit to the main Wells Fargo bank account.**

**NOTE 2:** **If you are selling tickets for department graduation, you cannot charge graduating students, however graduates can purchase tickets for family and friends.**

**Department Authorization:**

|  |  |  |  |
| --- | --- | --- | --- |
| Approving Official Signature: |  | Date: |  |
| Approving Official Name: |  | Title: |  |
| Approving Official Email: |  | Phone: |  |

**Approval for Storefront**

**For Tower Foundation Depositors Only**

|  |  |  |
| --- | --- | --- |
| Print your Name: |  |  |
| Tower Foundation Controller’s Signature: | Store Approved[ ]  Yes [ ]  No | Date Approved/Denied |

**For Research Foundation Depositors Only**

|  |  |  |
| --- | --- | --- |
| Print your Name: |  |  |
| Research Foundation Controller’s Signature: | Store Approved[ ]  Yes [ ]  No | Date Approved/Denied |

**Final Approval**

|  |  |
| --- | --- |
| AVP Finance and Business Services  | AVP’s Signature |
| Store Approved[ ]  Yes [ ]  No | Date Approved | Copy sent to Accounting   [ ]  Yes [ ]  No |  Copy sent to B/O  [ ]  Yes [ ]  No |

**Please return this form to the Bursar’s Office, extended zip 0138. You will be notified once the store is approved.**