

# APPLICATION FOR EMARKET STOREFRONT

Bursar's Office

One Washington Square

San Jose, 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	
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**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)
<input type="checkbox"/> Conference						
<input type="checkbox"/> Donation (Tower Foundation Account only)	N/A					
<input type="checkbox"/> Membership Fee						
<input type="checkbox"/> Physical Goods						
<input type="checkbox"/> Scholarship						
<input type="checkbox"/> Test Fee						
<input type="checkbox"/> Tickets ( <b>Graduation Ceremony please read NOTE 2 below</b> )						
<input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved/Denied

**For Research Foundation Depositors Only**

Print your Name:		
Research Foundation Controller's Signature:	Store Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved/Denied

**Final Approval**

AVP Finance  Marna Genes		AVP's Signature	
Store Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved	Copy sent to Accounting <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy sent to B/O <input type="checkbox"/> Yes <input type="checkbox"/> No

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