**NEW ITEM CODE REQUEST FORM**

(Updated August 2024)

Please provide responses to all lines below. If not applicable, please fill in N/A.

Mandatory fields will be denoted with an asterisk (**\***)

**Forms have to be signed by divisional approval in order to be accepted.**

Completed and signed forms should be emailed to financesystemssuport@northeastern.edu

**NOTE: For new item codes, we require 2 weeks advance notice before your “go live” date.**

**General Information**

|  |  |
| --- | --- |
| Department: **\*** |  |
| Department Contact Name: **\*** |  |
| Name or URL of Existing Storefront or Checkout: **\*** |  |
| Date the item code(s) should go online: **\*** |  |
| Date the item code(s) should go offline: **\*** |  |

**Item Codes**

An item code is a Transact identifier for a specific item available for purchase. It contains the detailed information about the item/service and directs the revenue to the appropriate Banner index and account code. **Example:**

| **TYPE OF REVENUE** | **BANNER INFO** | **PRICING** | **MAX QTY** | **CUSTOMER INFO COLLECTED (STOREFRONT ONLY)** |
| --- | --- | --- | --- | --- |
| **INDEX** | **ACCOUNT** |
| ***Example:*** *Conference Registration* | ***Example:****321100* | ***Example:****50453* | ***Example:****$50 early bird (7/1/20-7/31/20)$75 regular (8/1/20-8/31/20)$100 late (9/1/20-9/15/20)* | ***Example:****100* | ***Example:****Name, Address, Email, Phone, Dietary Restrictions, Special Accommodations* |

Use the space below to provide information for the items being offered. If you need assistance with determining the appropriate index or account code, contact your budget manager.

| **TYPE OF REVENUE \*** | **BANNER INFO \*** | **PRICING \*** | **MAX QTY \*** | **CUSTOMER INFO COLLECTED (STOREFRONT ONLY)**  |
| --- | --- | --- | --- | --- |
| **INDEX \*** | **ACCOUNT \*** |
|   |   |   |  |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

**Refund/Cancellation Policy**

*This information is required by credit card companies. For storefronts, please provide a clear refund policy with under which refunds will be provided. The policy should be clearly stated in the registration process and acknowledged by the customer prior to being directed to Transact for payment.*

|  |  |
| --- | --- |
| What is the refund/cancellation policy? **\*** |  |

**Reporting**

|  |  |
| --- | --- |
| Is there an existing report you want used for this event? If yes, Name of Report:  |  |
| Does a Report Group already exist? If yes, what is the Report Group name:  |  |
| What date range should be captured (fiscal year, registration period, prior day/week/month etc.): **\*** |  |
| Who should get reports (NU e-mail addresses only): **\*** |  |
| What format should report be in? **\*** | [ ]  Microsoft Excel formatted (.xls) [ ]  Comma delimited (.csv) [ ]  PDF |
| How often do you want the reports? **\*** | [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Once (specify date \_\_\_\_\_\_\_\_) |
| Date Reports should be disabled: **\*** |  |

**Other Information**

|  |  |
| --- | --- |
| Date(s): |  |
| Start time: |  |
| End time: |  |
| Location: |  |
| Any other information: |  |

**Divisional Approval**

**Please note that unsigned forms will not be accepted.**

**Divisional Fiscal Authorization (*Associate Dean of Finance & Admin or Responsible Budget personnel with Banner ORG signing authority)***

Division Number: \_\_\_\_\_\_\_\_\_\_\_ Division Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_