**NEW STOREFRONT OR CHECKOUT REQUEST FORM**

(Updated July 2025)

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

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

**Forms must be signed by divisional approver to be accepted.**

Completed and signed forms should be submitted via [AskFin](https://service.northeastern.edu/finance?id=finance_support_inquiry&sys_id=38a8e5a04724ae50ce4c9864116d437b)

**NOTE: For new storefronts, checkouts and gateway, 4-6 weeks’ notice is required before “go-live” date.**

**General Information**

|  |  |
| --- | --- |
| Department: **\*** |  |
| Department Contact Name (for storefront/checkout maintenance):**\*** |  |
| Which type of eMarket site is this request for? **\*** | Storefront  Checkout |
| If checkout, who is the front-end vendor? |  |
| Storefront or Checkout Name: |  |
| Storefront or Checkout Offering: **\*** | Event  Services/Merchandise  Program  Internal Process |
| If the site is for an event or program, will it be recurring? | No  Yes – Frequency: |
| Event/Program/Process Name (limit 105 characters): |  |
| Payment Options: **\*** | Credit Card  ACH/Electronic Check  Both |
| Date the storefront/checkout should go online: **\*** |  |
| Date the storefront/checkout should go offline: **\*** |  |
| Is there an image/logo you would like to appear at the top of the page (storefront only)? | No  Yes  If yes, please attach to request email  *Image size must be 500 x 500 pixels or less, less than 1 MB and in .jpeg, .gif or .png format only.* |

**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 marks the funds with the appropriate Workday worktags. **Example:**

| **TYPE OF REVENUE** | **WORKDAY WORKTAGS** | | | | **PRICING** | **MAX QTY** | **CUSTOMER INFO COLLECTED (STOREFRONT ONLY)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPANY** | **DRIVER WORKTAG** | **REGION** | **SPEND or REVENUE**  **CATEGORY** |
| ***Example:*** *Conference Registration* | ***Example:***  *NU USA* | ***Example:***  *CC1234* | ***Example:***  *Boston* | ***Example:***  *SC1234* | ***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 worktags, please contact your budget manager.

| **TYPE OF REVENUE** | **WORKDAY WORKTAGS** | | | | **PRICING** | **MAX QTY** | **CUSTOMER INFO COLLECTED (STOREFRONT ONLY)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPANY** | **DRIVER WORKTAG** | **REGION** | **SPEND or REVENUE**  **CATEGORY** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Registration Information (for Event Storefronts only)**

|  |  |
| --- | --- |
| Date(s): |  |
| Start time: |  |
| End time: |  |
| Location: |  |
| Deadline for registration: |  |
| Will there be a banquet, lunch and/or dinner? | Yes  No |
| *If Yes:* |  |
| Fee: |  |
| Number of guests allowed: |  |
| Additional information: |  |
| Will there be housing on campus? | Yes  No |
| *If Yes:* |  |
| Fee per night: |  |
| Location: |  |
| Number of people per room: |  |
| First day of arrival: |  |
| Last day of departure: |  |
| Max number of rooms available: |  |
| Additional information: |  |

**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? **\*** |  |

**Receipts**

|  |  |
| --- | --- |
| Email receipts to customers? **\*** | Always  Never  Upon Request |

Contact Information for questions/concerns:

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Telephone: |  |

**Reporting**

|  |  |
| --- | --- |
| Is there an existing report you want used for this event?  If yes, Name of Report and Report Group: |  |
| 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**

|  |  |
| --- | --- |
| Redirect URL, if applicable: |  |
| Email address for failed transactions: |  |
| Email address for successful transactions: |  |

**Divisional Approval \***

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

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

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

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

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

**TO BE FILLED OUT BY CASHNET OPERATIONS TEAM (CHECKOUT ONLY):**

HTTP Notifications

Address for failed transactions:

Address for successful transactions:

Format for HTTP content: Name Value Format (GET), XML Format (GET), Name Value Format (POST)