**Request for CASHNet eMarket Payment Portal**

**INSTRUCTIONS:** Please use this form to request a new payment portal or to add new items to existing store. Forward completed form to Accounting and Business Services.

**\*\*\* NOTE: PROCESSING MAY TAKE A MINIMUM OF 10 BUSINESS DAYS UPON RECEIPT. \*\*\***

Contact Name (Fulltime Employee):

Title:

Department/Phone:

Business Manager Name:

1. Name of the Activity:
2. Activity details, if applicable:
3. URL for department website, if applicable. (ABS may use this information as a reference.):
4. Amount to be collected. If more than one, please provide a list. *For each item, please include name, description and amount. (Description has a maximum length of 400 characters including spaces.)* If there is no set amount, the amount field will be open for payer’s input:
5. Business Manager approved-FOAPAL(s) where revenue will be posted. For multiple items, please indicate the item and associated FOAPAL for each item:
6. Information you wish to collect with payment: (These are the fields that a payer will complete on a form before a payment is submitted. F*irst name, Last Name and email address* are collected as defaults.)
7. Expected date of payment portal availability:
8. List of users who will need access as a CASHNet Reporter. Please include employee name, CWID, USF email address, office location, phone/extension for each user.
9. Instead of a reporter login #8, a report notification can be scheduled for distribution. Choose one or more options:

\_\_ 1. Send notification of all activities

\_\_ 2. Email me scheduled reports: \_\_Daily \_\_ Weekly

 Data on reports should include one of the following:

 \_\_\_\_ Transactions from yesterday

 \_\_\_\_ Transactions from the last 7 days

 \_\_\_\_ Transactions from the last 30 days

 \_\_\_\_ Transactions from this fiscal year