



## eMarket Site Request Form

<b>Department or Organization Name:</b>	
<b>Primary Contact:</b>	
<b>E-mail Address:</b>	
<b>Date:</b>	
<b>Phone:</b>	
<b>Fax:</b>	

**Purpose of the site requested:**

### Business Case

<b>Provide a detailed description of how this work is currently being performed:</b>	
<b>Provide a detailed description of the work that is being requested:</b>	
<b>Describe the resulting product:</b> <i>What will it do? How will it work within in your business process?(e.g., It will allow customers to pay online, receive a receipt by email and post the payment to the cashiering system without manual intervention.)</i>	
<b>What does it mean if this request is not done?</b>	
<b>Include as supporting documentation a quantification of the burden that currently exists.</b> <i>This may include a cost/benefit analysis, staff time savings, paper documents put into electronic form, etc.</i>	

**Site Information**

**Date the eMarket site is needed for service?** (Please do not use ASAP. To adequately plan/develop allow a min. of 4 months) \_\_\_\_\_

**If an event (i.e. conference, symposium, etc), what date does it start?** \_\_\_\_\_ **End date?** \_\_\_\_\_

**Estimated length of time site is needed for service**    1-3 months    3-6 months    6-12 months    1 Year or more    Ongoing

**Does the department have an existing website?**    No    Yes    If yes, URL: \_\_\_\_\_

**Will customers be required to create a login prior to making a purchase or registering?**    No    Yes    Not Sure

**Does the data captured on the site update or interface with an existing Banner form?**    No    Yes

**What are the reporting needs for this eMarket site?**

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**Does your department have someone that has experience working with web applications?**    No    Yes

**If yes, will they be assisting on this project?**    No    Yes    Name/Telephone # \_\_\_\_\_

**Payment Information**

**Payment methods the site will accept:**    Credit Cards    E-check    Both

**“FOAPAL” in which eMarket payments will be deposited:**

Fund	Org	Account	Program

**All credit card transactions are assessed a 2.9% banking convenience fee. Will the department or customer pay this fee?**

Department                      Customer

**If the department is absorbing the 2.9% banking convenience fee for each transaction, please provide the “FOAPAL” that will be charged:**

Fund	Org	Account	Program

**There is an annual expense for maintaining the eMarket site. Please provide the FOAPAL in which the ongoing expense will be charged.**

Fund	Org	Account	Program

Please e-mail your completed request form to: [emarketrequest@lists.wayne.edu](mailto:emarketrequest@lists.wayne.edu)  
 You will be contacted shortly after submitting this request to schedule a planning meeting.