**Item information**

Storefront Use (Type of Payment): Conference Fee  Membership Fee

Event/Workshop Ticket  Sponsorship  Subscription

Other:  Please Specify:

Description of item:

Price of item:

Reference information to be collected from Payer: (ex. name, UMB ID, address, etc.)

|  |  |
| --- | --- |
| **Reference Information** | **Required (Y/N)?** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Frequency of event: Year-Round  Recurring  One-Time

Item Start Date: Item End Date:

*\*Note: Authorization is only needed for new items to be added to existing Storefronts*

Department Authorizing Signature

Signature of Authorized Signer (Dir or Assc Dir) and Printed Name Date

**Chartfield String Information**

Provide the below for **revenue** collected, to be reviewed by Controller’s Office for approval.

|  |  |  |  |
| --- | --- | --- | --- |
| Fund | Account | Department | Program |
|  |  |  |  |

**Controller’s Office Approval**

Controller’s Office Staff Signature Date