**TouchNet uStore Request Form** ab

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prior to submitting a request for a new TouchNet uStore, you must ensure that an FSA account, Foundation account, or State account has been approved and established for the purpose of the uStore.**

**Questions regarding the establishment of accounts should be directed as follows:**

FSA Agency Account: Sarah D’Amaro at Sarah.D’Amaro@fredonia.edu

Foundation Account: Bill Cunningham at William.Cunningham@fredonia.edu

State Account: Judy Langworthy at Judy.Langworthy@fredonia.edu

To get started, complete the form below and submit it to Amy Beers at Amy.Beers@fredonia.edu.

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| --- | --- |
| Department:       | Requester:       |
| 1.Name of uStore | 2.Approved Bank Account # (specify FSA, Foundation or State) | 3.Requested “Go Live” date | 5. All text for uStore homepage | 6. Names and prices of all products within the uStore | 7. Names of employees who will be store managers |
|       |       |       |       |       |       |

**\*\*All requests should be submitted *at least* 2 weeks prior to your Go Live date.\*\***