

TouchNet Marketplace uStore Request Form

Office of Student Accounts (OSA) | Rm 246, Lyle Hall | (717)871-5101

Please complete this form to the best of your ability and forward to marketplace@millersville.edu.

Department Name: _____

Email Address to be associated with the uStore: _____

Contact/Title	Email Address	Ext.	Role in uStore
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

What do you intend to sell in your store?

Product Name	Product Description	Detail Code	Cost (set or variable)	Refundable (Y/N)
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of uStore: _____

Purpose of uStore: _____

If product(s) are refundable, does your department have a refund policy? If yes, please provide the exact wording in the space below.

Current method of collecting funds:

Source of revenue	<input type="checkbox"/> CASH <input type="checkbox"/> CHECKS <input type="checkbox"/> OTHER <input type="checkbox"/> N/A; NOT CURRENTLY COLLECTING
Estimated Annual Revenue (Total)	
Collection Timeframe(s)	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER