

Accounting Services Fresno State Graduation Merchandise eMarket Form

Please complete the form and return to Brian Alley at brianalley@mail.fresnostate.edu

Complete this form to include School/College or department graduation merchandise on the Fresno State Graduation Merchandise eMarket storefront.

Students will be charged a convenience credit card fee of 2.65% per transaction. Pricing is determined by CASHNet® and is subject to change. There is no service charge for ACH (electronic check) payment method.

IMPORTANT: Please allow up to *one (1) month* for item(s) to be included in the eMarket (depending on peak periods).

Chartfield Guidance:

- Balance sheet accounts [assets (1xxxxx) and liabilities (2xxxxx)] should only have account and fund fields completed, although some do have class codes.
- Revenue (5xxxxx) and expense (6xxxxx) accounts must have an account, fund, and department code entered.
- Program, Class, and Project codes are only used if a unique chartfield value is needed. Otherwise, leave blank.

For questions regarding chartfields, contact Cherie Weber at cweber@csufresno.edu.

INCOMPLETE FORMS MAY DELAY THE PROCESS. DEPARTMENTS ARE ENCOURAGED TO KEEP COPY OF THIS FORM FOR THEIR RECORDS.

Department (Item Information): (Part A)

First Item:	Accounting Services Use Only: Item Code: EM_GRAD-_____																										
<p>1. Category: School or College _____</p> <p>2. Item Description (e.g., CSB Stole): _____</p> <p>3. Item Long Description (e.g., Each stole is 4.75" x 68"): <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____</p> <p>4. Item Code Chartfield and Price:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">-</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td style="text-align: center;">Account</td> <td></td> <td style="text-align: center;">Fund</td> <td></td> <td style="text-align: center;">Dept./Org</td> <td></td> <td style="text-align: center;">Program</td> <td></td> <td style="text-align: center;">Class</td> <td></td> <td style="text-align: center;">Project</td> <td></td> <td style="text-align: center;">Price</td> </tr> </table> <p>5. Include Item Image (Maximum Limit 1.0 MB): <input type="checkbox"/> No <input type="checkbox"/> Yes (email image along with this form)</p> <p>6. Quantity Per Transaction: <input type="checkbox"/> No limit <input type="checkbox"/> Maximum Allowable Quantity (if applicable) _____</p> <p>7. Inventory (will not allow more than quantity specified): <input type="checkbox"/> No <input type="checkbox"/> Yes; Available Inventory Qty. _____</p> <p>8. Reference Type Information (e.g., Pick-up stole in ED 123): <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____</p> <p>9. Contact Information (phone number or email is required):</p> <p style="margin-left: 20px;">Contact Name (if applicable) _____</p> <p style="margin-left: 20px;">Contact Phone number 559-278-_____</p> <p style="margin-left: 20px;">Contact Email _____</p> <p>10. Refunds (Item is refundable): <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Exceptions only</p>		_____	-	_____	-	_____	-	_____	-	_____	-	_____	-	\$ _____	Account		Fund		Dept./Org		Program		Class		Project		Price
_____	-	_____	-	_____	-	_____	-	_____	-	_____	-	\$ _____															
Account		Fund		Dept./Org		Program		Class		Project		Price															

**Accounting Services
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Second Item:

Accounting Services Use Only: Item Code: EM_GRAD-_____

1. Category: School or College _____

2. Item Description (e.g., CSB Stole): _____

3. Item Long Description (e.g., Each stole is 4.75" x 68"): N/A Yes _____

4. Item Code Chartfield and Price:

_____ - _____ - _____ - _____ - _____ - _____ \$ _____
Account Fund Dept./Org Program Class Project Price

5. Include Item Image (Maximum Limit 1.0 MB): No Yes (email image along with this form)

6. Quantity Per Transaction: No limit Maximum Allowable Quantity (if applicable) _____

7. Inventory (will not allow more than quantity specified): No Yes; Available Inventory Qty. _____

8. Reference Type Information (e.g., Pick-up stole in ED 123): N/A Yes _____

9. Contact Information (phone number or email is required):

Contact Name (if applicable) _____

Contact Phone number 559-278-_____

Contact Email _____

10. Refunds (Item is refundable): No Yes Exceptions only

eMarket (Merchandise) Effective Date & Automated CASHNet Report:

Effective date: ____/____/____ Removal date: ____/____/____

Individual(s) to receive daily automated CASHNet report:

Name: _____ Email: _____

Name: _____ Email: _____

Report effective date: ____/____/____ Report end date: ____/____/____

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Department (Approval): (Part B)

Department Name _____	Date: _____	
Completed By: _____ <small>(Please Print Name)</small>	_____ <small>(Signature)</small>	Ext.: _____
Chair/Dean/Director: _____ <small>(Please Print Name)</small>	_____ <small>(Signature)</small>	Date: _____

Accounting Services Use Only: (Part C)

General Accounting – Review G/L: _____ <small>(Please Print Name)</small>	_____ <small>(Signature)</small>	Date: _____
Updated By: _____	Completed Date _____	Emailed Dept. Date _____