CASHNet eMarket Update Request Form

Complete the appropriate sections below to make updates/changes to an existing eMarket storefront.

IMPORTANT: Please allow up to **one** (1) month for update/change to be completed (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@mail.fresnostate.edu.

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

Department (eMarket Information): (Part A)

eMarket Name: _____   eMarket Merchant Code: EM _ _____

Indicate the update/change requested below. If there are no updates/changes to a section, select "N/A".

1. Change(s) effective as of (cannot be backdated): _____/_____/_____

2. Category (specify): ❑ Add ❑ Remove ❑ N/A _____

3. Custom Message: ❑ Page Header ❑ New Charge Header ❑ N/A _____

4. eMarket Status: ❑ Disable ❑ Enable ❑ N/A

5. Item Code Changes: ❑ No ❑ Yes (specify changes for items a-h) ❑ New ❑ N/A

   Item Code #1

   Item Code (required if making update/change OR if new leave blank): _____

   a) Item Code Status: ❑ Add ❑ Remove ❑ N/A

   b) Item Description (e.g., ABC Workshop): ❑ N/A _____

   c) Item Long Description (e.g., Saturday, May 7, 2022): ❑ No ❑ Yes ❑ N/A _____

   d) Item Code Chartfield: ❑ No ❑ Yes ❑ N/A   AND/OR   Item Code Price: ❑ No ❑ Yes ❑ N/A

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

   e) Include Item Image (max limit 1.0 MB): ❑ No ❑ Yes (email image along with this form) ❑ N/A

   f) Quantity Per Transaction: ❑ Max Allowable Quantity _____ ❑ No limit ❑ N/A

   g) Inventory: ❑ No ❑ Yes; Available Inventory Qty. (will only allow quantity specified) _____ ❑ N/A

   h) Reference Type (e.g., Contact Info., "No Refunds", etc.): ❑ No ❑ Yes ❑ N/A _____

Item Code #2

Item Code (required if making update/change OR if new leave blank): _____

   a) Item Code Status: ❏ Add ❏ Remove ❏ N/A

   b) Item Description (e.g., ABC Workshop): ❏ N/A _____

   c) Item Long Description (e.g., Saturday, May 7, 2022): ❏ No ❏ Yes ❏ N/A _____

   d) Item Code Chartfield: ❏ No ❏ Yes ❏ N/A   AND/OR   Item Code Price: ❏ No ❏ Yes ❏ N/A

_____ - _____ - _____ - _____ - _____ - _____ $_____

     Account   Fund   Dept./Org   Program   Class   Project   Price

   e) Include Item Image (Max Limit 1.0 MB): ❏ No ❏ Yes (email image along with this form) ❏ N/A

   f) Quantity Per Transaction: ❏ Max Allowable Quantity _____ ❏ No limit ❏ N/A

   g) Inventory: ❏ No ❏ Yes; Available Inventory Qty. (will only allow quantity specified) _____ ❏ N/A

   h) Reference Type (e.g., Contact Info., "No Refunds", etc.): ❏ No ❏ Yes ❏ N/A _____

6. Payment Method (specify): ❏ Add ❏ Disable ❏ N/A _____

7. Report Received By: Name _____ Email _____

Department (Approval): (Part B)

Department: _____ Ext.: _____ Date: _____

Completed By: _____ _____
                            (Please Print Name)   (Signature)

I approve eMarket change(s) indicated in Part A:

Chair/Dean/Director: _____ _____ Date: _____
                           (Please Print Name)   (Signature)

Accounting Services Use Only: (Part C)

New/Update to Item Code Chartfield: ❏ Yes ❏ No

General Accounting – Approve Chartfield: _____ _____ Date: _____
                                    (Please Print Name)   (Signature)

eMarket Updated By: _____ _____ Date: _____
                           (Please Print Name)   (Signature)