MARKETPLACE SET-UP FORM

Requestor
Department______________________________________________________________

Contact name____________________________________________________________

Phone#______________________________________________________________email____________________________________________________________

What is the accounting stream (FOPAL) you propose:__________________________________________

***If this is new you must complete the SCT Fund/Organization Request Form at https://www.missouriwestern.edu/accounting/forms/ and submit completed form to

Accounting Services.

What is the purpose of this site? ___________________________________________________________________________________

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When is your go live date?_______________________________________________________________

What e-mail address should payment information go to (department e-mail preferred):

_____________________________________________________________________________________

_____________________________________________________________________________________

Department Financial Manager approval:___________________________________________________

***Requestor must complete and submit to Accounting Services before set up considered.

Chief Accountant:

Approval ________________________________________________________________ Date __________________

Business Office:

Detail Code:_________________________________ Upay site number:_________________________________

Bursar approval ____________________________________________________________Date: __________________

***Once completed document received by IMC, allow at least two weeks for set-up.