REQUEST FOR ADDITIONS OR CHANGES TO AN EXISTING REVENUE GENERATING OPERATION

DATE (MM/DD/YYYY):

1. NAME OF DEPARTMENT (OR OPERATION) and DIVISION:

   Name
   Title

2. DEPARTMENT HEAD:

   Office Location:
   Campus Box #:
   Telephone (nnn) nnn-nnnn
   Email
   Name
   Title

3. BUSINESS MANAGER:

   Office Location:
   Campus Box #:
   Telephone (nnn) nnn-nnnn
   Email
   Name
   Title

4. OTHERS INVOLVED IN THE FINANCIAL ASPECTS OF THE REVENUE GENERATING OPERATION:

   Office Location:
   Campus Box #:
   Role in the Operation
   Telephone (nnn) nnn-nnnn
   Email

   Name
   Title
5. Briefly describe what products or services are currently being provided for which revenue is being generated:

6. New products or services, if any, you plan to provide which will generate additional revenue:

7. CURRENT METHOD(s) OF CUSTOMER PURCHASE:
   (MARK "X" IN ALL THAT APPLY)

   - In Person:
   - Telephone:
   - Mail:
   - Web:

8. What new method(s) of customer purchase do you propose, if any? (MARK "X" IN ALL THAT APPLY)

9. What type payments do you currently accept?
   Mark "X" in all that apply

10. What new type payments do you wish to accept, if any? Mark "X" in all that apply
    In Person:
    Telephone:
    Mail:
    Web:
    In Person:
If the department wishes to expand payment options to include credit card payments, whether by web, credit card terminal, or both, the form "Request to Establish a Credit Card Operation" must be completed and submitted along with this form.
11. THIS FORM WAS COMPLETED BY: NAME

DEPT/OPERATION

TELEPHONE

EMAIL

12. I APPROVE THIS REQUEST FOR A CHANGE IN THE EXISTING REVENUE GENERATING OPERATION:

DEPARTMENT HEAD OR BUSINESS MANAGER/TITLE

Return to: cpoole@fa.ua.edu

Charles Poole
Box 870120 (205)
348-5350

APPROVED: ____________

DISAPPROVED: ____________