

THE UNIVERSITY OF ALABAMA

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

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

Title

Office Location:

Campus Box #:

Role in the Operation

Telephone (nnn) nnn-nnnn

Email



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)

10. What new type payments do you wish to accept, if any? Mark "X" in all that apply

In Person:

Telephone:

Mail:

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

Web:

In Person:

9. What type payments do you currently accept?

Mark "X" in all that apply

Bank draft

Cash

Check

Credit Card via terminal

Credit Card via web

Electronic check via web
Bank draft

Telephone:

Mail:

Web:

Cash

Check

Credit Card via terminal

Credit Card via web

Electronic check via web

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: _____