



eMarket Request Form

Today's Date: ____/____/____

Organization Name: _____

Contact Person: _____ Title: _____

Phone: (____) _____ E-mail address: _____

Chart string

<u>Dept ID</u>	<u>Fund</u>	<u>Fund Source</u>	<u>Program</u>	<u>Function</u>	<u>Property</u>	<u>Account</u>

Price: \$_____

Reporting Information (check all that applies):

First Name ☐ Last Name ☐ Eagle Number ☐
Address ☐ Phone ☐ Email ☐

Other: (describe)

Informational Text: (example: Print receipt to receive tickets at door)

We/I have accurately filled out the information above and have read the Boston College Policy "Accepting Payment Cards for Conducting University Business" and agree to abide by the policy by signing this form.

Approvals:

1st Authorization Name: _____ Signature: _____ Date: _____

2nd Authorization Name: _____ Signature: _____ Date: _____