Point -of-Sale and Internet Sales Approval Form for Departments

Department name:			
Address:			
Contact person:			
Phone number:	Fax number:		
e-mail address:	l l		
Purpose/reason for request:			
Cards accepted:	☐ MasterCard/Visa ☐	Discover	
Cost Center/WBS element to be charged with monthly fees:			
Estimated dollar amount of monthly activity:			
Estimated average transaction amo	ount:		
Name of processing software and papplicable):	payment gateway (if		
Names of individuals managing ins applicable):	tallation of software (if		
Location of server hosting system	(if applicable):		
Name of 3 rd party e-commerce provider/processor (if applicable):			
Responsibilities:	 Settle batches timely (daily). Respond to chargeback/retrieval requests timely. Reconcile transactions to department ledger(s) and monthly merchant statement Record transactions timely in IRIS. Report security breaches immediately. Document sales policies and procedures and obtain review from UT Audit and Consulting Services. Secure/protect card number information at all times. Other responsibilities as defined in University Policy FI0310 and FI0311. Complete appropriate PCI self-assessment questionnaire and maintain PCI Data Security Standards compliance. Verified 3rd party e-commerce provider is PCI Data Security Standards certified (if applicable). 		
Ay signature below certifies that I have read above	and understand Policy Flu31	and Fi0311 and agree to t	ne responsibilities liste
Contact Person	Date	Department Head	Date
Approvals			
Position of Authority for Information	Technology [Date	
Chief Business Officer Return completed form to the Tre		Date Note Holt Tower Known	ville TN 27006

Revised: 2/10/12 Attachment A Page 1 of 1