

Pittsford Payment Center

Request for Product Set Up

School Name: _____

Department/Club Name: _____

School Contact: _____ Phone #: _____

Email Address: _____

If this is a fundraiser, please attach a copy of the fundraising approval form signed by the superintendent and principal.

Product Details

Product Name: _____

Sale start date: _____ Sale end date: _____

Price of product: _____ Not a set price? Define the range: Min _____ Max _____

Can purchaser select a quantity for purchase? YES NO

Is there a set inventory available for purchase? (e.g., stock of 20 shirts): YES NO If Yes, Quantity _____

Is the product restricted to a grade level? YES NO If Yes, list grade(s) _____

Do you need an additional web form created to collect information? (e.g., waiver, certification, contact information, sizes, color): YES NO

If yes, please attach a copy of the form showing information to be captured.

Would you like an additional description of product at the bottom of the page? YES NO

Description to be added: _____

Is prior approval needed before payments are processed? (e.g., Prom ticket guests) YES NO

Do you have a logo or graphic: YES NO If yes, please attach an electronic file (jpeg or png format)

Requests must be received 7 days in advance of sale start date.

Please remit completed request form to Cheryl_Muscarella@pittsford.monroe.edu.

Questions can be emailed or call Cheryl (267-1055)



Business Office Use Only

Date Received: _____ Received by: _____ Processed by: _____

Fundraiser form received £ Layout send to Requestor £ GL Code _____

District Treasurer Approval _____