

**TRUMAN STATE UNIVERSITY
REVENUE GENERATING ACTIVITY REQUEST**

Purpose: This form must be completed and approved before engaging in the activity. The purpose of this form is to capture the essential information related to the pending business activity, identify potential risks and secure necessary approvals before the activity begins.

Department: _____

Contact Name: _____

Description of Fee or Activity: _____

New Fee Amount: \$ _____ Proposed Change to Existing Fee: \$ _____

How does this fee or activity relate to the department and university mission? _____

Name of full time employee responsible for the activity, including cash handling, if any? _____

What is the anticipated start date and duration of the activity? _____

List targeted customers. How much is projected as total new revenue from this source for the first fiscal year?

How will sales happen? How will the customer pay? Have cash handling processes been cleared through the Business Office cashier? _____

Are there logo or copyright issues to consider? _____

Will any other departments (besides the Business Office) be involved? If yes, have they been contacted?

Recommended for Approval

Signature of Department _____ **Date** _____

Signature of Department Supervisor _____ **Date** _____

Signature of Appropriate President Staff _____ **Date** _____

