

Date:		

Sign-off Form B

		Staff Details		
Staff Name				
E-mail				
Phone				
Staff ID				
Room / Building Location				
	<u> </u>	Product/Event/Conference Details		
Name of Product/Event				
Product code/Booking prefix				
IssueTrak number:				
Product or Event Details				
Questions:	Please choose Y/N	If No please provide details in boxes below		
Have you viewed all pages?	Yes / No			
Has the item been placed in the correct category?	Yes / No			
Is the summary description of the product /event correct	Yes / No			
Is the detailed description of the product /event correct?	Yes / No			
Is the picture of the product / event acceptable? Please note: You must ensure that you have obtained relevant permission for any images used.	Yes / No			
Are the prices listed correct?	Yes / No			
I confirm that I am authorizing the Product/Event/Conference to be made 'Live'. I confirm that I have read and understood both the Online Store user guide and the School's terms and conditions for Store product placement.				
Staff na (Please Print na				