



SPECIAL EVENT REQUEST FORM

Fax to ext. 2461 at least 48 hours before event

Contact Information

Activity/Event Name: _____

Event Contact: _____ Contact Phone #: _____

Account # for associated charges: _____

*Student & Greek Organization Functions **MUST** be approved by Student Life*

Student Life Approval: _____ Date approved: ___/___/___

Event Set-up

Event Date: ___/___/___ Event Start Time: _____ Set-Up time: _____

Event Location (each location requires a unique/individual form): _____

Event Details:

Unlock all doors

Heat or AC turned on

Facility cleaned/restrooms full stocked

_____ Tables needed & _____ Chairs needed

Set-up description (Room Diagrams should be attached for complicated set-ups): _____

Event Break-down

Breakdown date: ___ / ___ / ___

Event End Time: _____

Campus Services use only

Event Confirmation # _____

Entered on Energy Management System: ___/___/___ Initial: _____

Anticipated Utility Charges (Processed via Journal Entry): \$ _____

Events that require labor and/or materials beyond the routine will require funding by the requestor/requesting department. (Processed via Sodexo Invoice – This form will serve as an estimate)

Anticipated Labor: _____ hours @ \$ _____ = \$ _____

Anticipated Material Cost: _____ hours @ \$ _____ = \$ _____

Estimated By: _____ Total Anticipated Expenses = \$ _____