

Ball State University

SPACE REQUISITION 

Day of Week	Date(s) Requested
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Organization or Department		Space Requested			
		Time Requested			
Contact Person	Phone Number	Beginning	AM PM	Ending	AM PM
		Time of Event			
Type of Event	Est. Attend.	Beginning	AM PM	Ending	AM PM

DESCRIBE ROOM LAYOUT / SETUP (IF APPLICABLE)

SPECIAL NEEDS
To arrange for tables, chairs, etc., send BORROWING/MOVING EQUIPMENT FORM (B-24) to SPACE OFFICE, FACILITIES PLANNING & MANAGEMENT (52803)
To arrange video equipment, contact EQUIPMENT AND PROJECTION SERVICES (55337)
To arrange for food service, contact UNIVERSITY BANQUET AND CATERING (58326)

BILLING INFORMATION -- This section MUST be completed on all requests		Admission to be Charged?
Title of Account _____	Account Number _____	Decorations to be Used?
Invoice to _____		Fund Raising Event?
Address _____		Catering to be Used?
Applicant agrees to abide by all applicable university relations. University retains all concession/vendor rights. Smoking is not permitted in university facilities.		ADDITIONAL COMMENTS:
APPLICANT INFORMATION		
Name _____	Typed	
Title _____		
Address _____		
Phone Number _____		
Signature _____		

Approved		
	Director of Student Activities	Date
Approved/Denied		
	Facility Administrator	Date
Approved/Denied		
	Space Studies & Utilization	Date

OFFICE USE ONLY -- DO NOT TYPE BELOW THIS LINE			
Charges:	Invoice No.	Receipt No.	
	Date Billed	Date Paid	