

Boise State University
Facility Requisition Form
Please Fax Request to 426-1892 or email SVCREQs@boisestate.edu
PLEASE ALLOW A MINIMUM OF 3 BUSINESS DAYS FOR PROCESSING

Publicized Title of Event _____

Date(s) of Event: (Day, Month, Year) _____

Day of Week (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Does this include a Holiday (?) _____

Event Location: Building _____ Room Number(s) _____

Event Times: _____ am/pm to _____ am/pm

Access Times: Entry _____ am/pm Vacated By _____ am/pm

Approximate Number of Attendees _____

Requesting Organization/Department: _____

Requestor: _____ Phone: _____

Contact: _____ Phone: _____
(IF DIFFERENT THAN REQUESTOR)

Special Instructions:

- * All Audio/Visual equipment call 426-4357 (HELP) or email: helpdesk@boisestate.edu
- * All other equipment required (tables, chairs, etc) contact eventservices@boisestate.edu
- * Food and Beverages are NOT ALLOWED in classrooms.
- * If catering or food is involved and additional custodial services/supplies are needed, arrangements need to be scheduled in advance that could result in a charge to the group reserving the room. Email svcreqs@boisestate.edu to inquire
- * If excessive clean-up of the area is necessary or damages result, the department or group reserving the room will be charged.
- * If you have any further questions or concerns call 426-1409 or email: svcreqs@boisestate.edu

REQUIRED SIGNATURES: _____

Requested by

Date

Dept Chair/Dean or Admin Officer Date

Building Coordinator (if required)

FO&M OFFICE USE ONLY

Date Received _____

Date Posted _____