

**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 Of Event (Day, Month, Year) _____

Does this include: Holiday _____ Saturday _____ Sunday _____

Event Location: Building _____ Room Number(s) _____

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

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

Requesting Organization/Department: _____

Requestor: _____ Phone: _____

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

Special Instructions:

- * All Audio/Visual equipment is requested through SMITC - Ext. 1850
- * All other equipment required (tables, chairs, etc) must be done via Work Order Request.
<http://isd.boisestate.edu:8001/home.html>
- * Food and Beverages are NOT ALLOWED in classrooms.
- * If clean up of the area is necessary or damages result, the department or group reserving the room will be charged.
- * If you have a problem with the room please call 426-1409 and ask for assistance.

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 _____