

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE[®]
EAST ST. LOUIS CENTER

Today's Date: _____ Person/Department Requesting Space: _____

Email Address: _____ Phone: _____

Reservation Date: _____

Start Time: _____ End Time: _____ Number of Attendees: _____

BP number: _____

Preferred Building and Room: _____

Meeting Description: _____ Recurring meeting: Yes No

Set up instructions:

Special Needs/Accommodations:

Signature of requestor

Fiscal Officer Signature

Director of ESL campus

Director of ICCB

Events scheduled for Friday after 4:30 and weekends require FM personnel to be on site. Charge is \$65 per hour.

Please note: This form is distributed for the purposes of approval of and reserving space for non-routine events and activities (other than regular classroom and office activities); and providing details for room setup and other requirements for events. Reservations for the use of facilities will be honored only if submitted on this form at least three days in advance. A written confirmation of the event will be emailed to you at the email provided. Final details of the room setup requirements must be provided no later than two days prior to the event. Please notify this office as soon as possible if there is a cancellation so that the space can be made available for other events.

Users will be liable for any and all damages beyond ordinary wear and tear which are caused by intentional acts or negligence during use of facilities. Users will be notified within two days after the event of any damage and the amount due for repair of said damage.

There is no smoking allowed on the campus, and alcohol beverages are prohibited.

FM Mgmt Admin Internal Use Only:

FM Director Approval: _____ FM Budget Account: _____

Date Costed: _____ Batch #: _____