

Ball State University

SPACE REQUISITION



Day of
Week

Date(s)
Requested

Organization or
Department

Space Requested

Time Requested

Contact Person

Phone
Number

Beginning

Ending

☐ AM
☐ PM

☐ AM
☐ PM

Time of Event

Type of Event

Est. Attend.

Beginning

Ending

☐ AM
☐ PM

☐ AM
☐ PM

DESCRIBE ROOM LAYOUT / SETUP (IF APPLICABLE)

SPECIAL NEEDS

To arrange for tables, chairs, etc., send BORROWING EQUIPMENT FORM (B-24) to INVENTORY CONTROL & MOVING DEPARTMENT (51837)

To arrange video equipment, contact EQUIPMENT AND PROJECTION SERVICES (55337)

To arrange for food service, contact UNIVERSITY BANQUET AND CATERING (58326)

Yes

No

BILLING INFORMATION -- This section MUST be completed on all requests

Admission to be Charged?

☐☐

Title of Account

Account
Number

Decorations to be Used?

☐☐

Fund Raising Event?

☐☐

Catering to be Used?

☐☐

Invoice to

ADDITIONAL COMMENTS:

Address

**Applicant agrees to abide by all applicable university relations.
University retains all concession/vendor rights. Smoking is not
permitted in university facilities.**

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

Print Form

Clear Form