Ball State University

SPACE REQUISITION

Day of Week	Date(s) Requested

Organization or Department	Space Requested

Contact Person	Phone Number	Time Requested: Beginning	AM / PM	Ending	AM / PM

Type of Event	Est. Attend.	Time of Event: Beginning	AM / PM	Ending	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 for food service, contact UNIVERSITY BANQUET AND CATERING (58326)

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

Title of Account _____

Invoice to _____

Address _____

_____

Account Number

	Yes	No
Admission to be Charged?		
Decorations to be Used?		
Fund Raising Event?		
Catering to be Used?		

ADDITIONAL COMMENTS:

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

Form B-67, Approved by State Board of Accounts for Ball State University, Revised 4/2024.

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