

Satellite Student Union/Whitfield Hall Requisition Form

California State University, Fresno
5280 N. Jackson / MS# 36
Fresno, CA 93740-8023
(209)278-6024

Name of organization _____ Day of function _____
University Affiliation _____ Date of function _____
Speaker/Group name _____ Topic _____
Description of function (be specific) _____

Time of function _____ am/pm To _____ am/pm

Facility access time _____ am/pm To _____ am/pm

Admission/registration charged, donations accepted? Yes/No \$ _____ \$ _____

Anticipated Attendance _____ Is meeting open to the public? Yes/No

Will food be served? Yes/No Catered _____ Snack bar open _____ Provide own _____

Please call to make arrangements for catering(278-3904)/snack bar service(278-2019)

Account/Authorization _____

Billing Address _____

PARKING IS ENFORCED ON CAMPUS EXCEPT ON SATURDAYS AND SUNDAYS. THERE IS NO PARKING IN THE LOADING DOCK OF THE SATELLITE STUDENT UNION

I HAVE READ AND AGREE TO ABIDE BY THE RULES AND POLICIES GOVERNING THE USE OF THE SATELLITE STUDENT UNION/WHITFIELD HALL

Faculty/Staff advisor's name _____ Phone _____ MS# _____

Advisor signature _____ Date _____

Name of applicant _____ Phone _____

Applicant's signature _____

*****OFFICE USE ONLY*****OFFICE USE ONLY*****OFFICE USE ONLY*****

Date issued _____ Date returned _____

*****ESTIMATED FEES*****ESTIMATED FEES*****ESTIMATED FEES*****

Rental \$ _____ Campus security \$ _____ Total charges \$ _____

Technical \$ _____ Custodial \$ _____ Deposit \$ _____

Box office \$ _____ Miscellaneous \$ _____ Received _____

Date: _____

SATELLITE STUDENT UNION WHITFIELD HALL

California State University, Fresno
University Student Union Requisition Form
USU Room 301, Phone 278-6024, MS# 36

Name of Organization: _____

Type of Function: _____

Event Day: _____ Date: _____ Time: _____ am/pm to _____ am/pm

Primarily attended by: ___ CSUF stud/fac/staff ___ High schl stud ___ Off-campus

Required Equipment and Set-up:

**Please describe in detail facility set-up,
including tables, chairs, podium, mic, etc.**

Estimated Charges

	Amount
Rent	
Technicians	
Box office	
Campus security	
Campus Security Officers	
Custodial	
Equipment	
Other	
Deposit	
Total	

Name of applicant (please print): _____ Title: _____

Signature of applicant: _____ Phone: _____

Name of advisor (please print): _____ Phone: _____

Signature of advisor: _____ MS#: _____

****OFFICE USE ONLY****OFFICE USE ONLY****OFFICE USE ONLY****OFFICE USE ONLY****

Approvals: Date issued: _____ Date returned: _____ Reservation Center: _____