

Date: _____

USU CONFERENCE ROOMS

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

Name of organization: _____

Type of Function: _____ Assigned Room: _____

Description of Function (be specific): _____

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

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

Is the meeting open to the public? Yes/No Expected attendance? _____

Will admission be charged/donations accepted? Yes/No Registration Fee _____

Will food be served? Yes/No Catered ___ Provide Own ___

Please call to make arrangements for catering (278-3904)

Required Equipment and Set-up:
Please describe in detail facility set-up, including tables, chairs, podium, etc.

Estimated Charges

	Amount
Rent	
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: _____