

## 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:		<del></del>
Meeting Description:		_ Recurring meeting: Yes No
Set up instructions:		
Special Needs/Accommodation	ns:	
Signature of requestor	_	
Fiscal Officer Signature		
G		Events scheduled for Friday after 4:30 and weekends require FM personnel to be on site.
Director of ESL campus	_	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
Director of ICCB	_	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: \_\_\_\_\_

Date Costed: \_

FM Budget Account:

Batch #: \_