

Please complete this form a minimum of 10 business days before your event.

Requesting Department Use:

Date: _____
Department Name: _____ Department #: _____
Requestor/Contact: _____ Phone #: _____
E-mail: _____
Event Date(s)/Time: _____
Special Requests: _____

Event Description and Set Up Instructions: (please attach diagrams if appropriate)

Event Name: _____
Building(s): _____
Room/Area: _____
Set Up Date/Time: _____ Tear Down Date/Time: _____

Funding/Billing Information

Fund: _____ Dept: _____ Account: _____ Program: _____ Project: _____
If external:
Billing Name: _____
Billing Address: _____
NDSU Account Number (if known): _____

Authorized Signature

Date

Form completed by

Phone #

Route this form to:
Facilities Management
Thorson Maintenance Center
Phone (701) 231-7911
Fax (701) 231-8008
Email: ndsu.facilitiesmanagement@ndsu.edu