

Mail Stop: 19 AW 9001 Stockdale Highway Bakersfield, California 93311-1022 (661) 654-3977 www.csub.edu/advancement

FACILITY RENTAL FEE SUPPORT REQUEST FORM

- Step 1: Fill out the top half of this form to request any discounted or waived facility rental charges
- Step 2: Provide account information and authorized account signer for fee support
- Step 3: Return to events@csub.edu at least one week prior to event date.

25Live reference #:		Γ	Date of event:	
Department request	ing fee support:			
Contact name:			Contact phone:	
Total Support reque	sted \$	De	escription of fees:	
Account Codes: Bus	s. Unit:	Fund:	Dept. ID:	Project:
Program:	_ Class code:	Author	rized signer:	
What does this mee	ting/event benefi	t:		
Requestor signature	:			
Appropriate Vice Pr				
Appropriate Vice Printernal use only Request accept Request not ac	resident or Dean ed cepted	signature:		
Appropriate Vice Printernal use only Request accept Request not ac Reason	ed cepted	signature:		
Appropriate Vice Property Internal use only Request accept Request not accept Reason Reason Reason Response Request accept Request not Accept Request Request Not Accept Request Not Ac	ed cepted n:ed cepted	signature:	f Events Representative	