## **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 <u>events@csub.edu</u> at least one week prior to event date.

## REQUESTOR TO COMPLETE:

Nam	e of event:					_
25Liv	ve reference #:		Date of ever	nt:	Time:	
Depa	ortment requesting fe	e support:				
Cont	act name:		Co	ntact phone:		_
Tota	support requested \$	Description (		_		
Wha	t does this activity be	nefit?				
Requ	Requestor name: Requestor signature:					
		SPONSORING	DEPARTMENT TO	COMPLETE:		
Sponsoring department name:						
Bus. Unit:	Fund:	_ Dept. ID:	Project:	Program:	Class code:	
Auth	Authorized signer name: Signa					
		OFFICE (	OF EVENTS TO COM	PLETE:		
	Request accepted					
	Request not accep  Reason:					
Nam	Name: Signature:					

## **Office of Events**

California State University, Bakersfield 9001 Stockdale Hwy. • Bakersfield, CA 93311