

REQUEST FORM

10 business days required for processing

DOC # _____

This section for internal use by CSEL | (CSEL Date Stamp)

DOC # _____ (note in log) | _____ Rev. _____

INFORMATION

Today's Date: _____ Event or Meeting Date: _____

Requested By: _____
Last Name First Name

Requestor's Email: _____

Phone #: _____

Account Name or Club Name: _____ (No acronyms)

Title of Event: _____

Purpose: Meeting Fundraiser Event Supplies Graphics Other: _____

Food: Yes No *Outside vendors require Catering approval contact: Kelli.Cain@email.edcc.edu

COMPLETION REQUIRED

ROOM REQUEST

Triton Student Center 1st Floor: Brier Lobby (140&141) Brier Cafeteria (133)

Conference Rooms: Brier 154 Club Room (Brier 247) Brier 244

Campus Facility: Courtyard (front of LYN/MLT Hall) WWY 202
 Black Box Theatre (call Jen Matthews @ 425-640-1629)

Other (Seaview Gym, Triton Field, meeting room, etc.): _____

Start of Event/ Meeting: _____ End of Event/ Meeting: _____

Set-up Time Needed: 1hr 2hrs other: _____ Take-Down-Time Needed: 1hr 2hrs other: _____

Request Brier sound system Mediated Room Tech Support

Expected Audience: Staff Students Community Estimated Headcount (Required): _____

ADVERTISING

Free advertising on campus by CSEL— designing included. (Please check all that apply below)

CSEL to create a new design Update old design We have design, please print and post
 *See Consultation Guide

Allow 10 business days for processing PRIOR to your advertising

8 1/2 x 11 Poster _____ Quantity (maximum of 5)
 11 x 17 Poster _____ Quantity (maximum of 8)
 29" x 20" Disp. Board _____ Quantity (maximum of 2)
 4" x 6" Handbills _____ Quantity (maximum of 2 uncut sheet = 64)
 Digital Signage
 Social Media contact ambrosia.hitchcock@edcc.edu (for graphics only)
 Sponsors: Please list: _____
 Attach additional information/ drawing contact celine.tjahjadi@edcc.edu

Additional information:

Please see reverse for Spending Funds & Approval Sections

SPENDING FUNDS

Employee/ Advisor Only

Check all that apply

- Cash Box
- Reimbursement
- P-Card
- Payment
- Tickets

- APPROVALS
- TICKETS
- PAYMENT
- P-CARD
- REIMBURSEMENT
- CASH BOX

Request \$50 cash & a Cash Box from the Cashier's Office for day of event:

Name: _____ Email: _____

(only club advisors and professional staff can pick up a cash box)

All original itemized receipt(s) MUST be attached.

(If requesting reimbursement with food purchases, please fill out the *Food Purchase Justification Form*)

Please print name of person to be reimbursed: _____

List amount spent: \$ _____ Phone #: _____

Address: _____ City: _____ State: WA Zip: _____

SID: _____

Please note: after submittal, additional paperwork (A-19) with SSN and signature will be required.

CLUB ADVISORS ONLY: P-CARD for purchases? yes no

Amount \$ _____

Details of purchase: _____

Who are you paying?

- Business/ Company
- Speaker/ Performer
- Other: _____
- On-Campus Catering
- Print & Mail
- Black Box Theater

1. Submit original contract or invoice

2. Amount \$ _____

Clubs needing tickets or raffle tickets, please contact the CSEL Club Team

All other 522 programs needing tickets or raffle tickets, please contact the CSEL Fiscal Technician

Requestor's Signature: _____ Date: _____

Supervisor /Club Advisor Name (printed): _____ Budget #: 522-264-_____

Supervisor /Club Advisor Signature: _____ Date: _____

Club Officer signature (if needed) _____

FOR CSEL INTERNAL USE

CSEL Club Team Member (initial): _____ CSEL Club Mgr. Approval: _____ Date: _____

REQUIRED