Security & Maintenance
Fund Request

Acct #: 8-80839

Individual making request: ________________________ Telephone: _______________ Email: ___________

Organization: ___________________________________________________________________________

Date of Event: ________________ Time start: __________ end: __________

Description of Event: ______________________________________________________________________  
______________________________________________________________________________________

Open event:☐ Yes ☐ No  Stipulation: _____________________________________________________

Admission charge:☐ Yes ☐ No  Amount: _________________________________________________

Alcohol served: ☐ Yes ☐ No

Senate electronic media equipment (sound/video equipment) required: ☐ Yes ☐ No

Expected Attendance: ________________________

For official use only

Date of Event: _________________ Rooms Reserved: ____________________________________________

Reservationist Approval: ____________

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<th>Dept.</th>
<th>Hours</th>
<th>Rate</th>
<th>No. of Employees</th>
<th>Total cost for Senate</th>
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<tr>
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<tr>
<td>Maintenance</td>
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</tbody>
</table>

Total funds transferred:

Officers assigned: 1. ____________________ Physical Plant Assigned: 1. ____________________

2. ____________________ 2. ____________________

3. ____________________

4. ____________________

Authorized by: ___________________________ Date: ____________________________

Senate VP of Finance

Authorized by: ___________________________ Date: ____________________________

Senate Financial Advisor

Senate Form: 109