

# Housing Request Form

## Contact Information:

|                     |  |                       |  |
|---------------------|--|-----------------------|--|
| Contact Name:       |  |                       |  |
| Contact Email:      |  | Contact Phone Number: |  |
| Contact Department: |  |                       |  |
| Date of Request:    |  |                       |  |

## Program Details:

|   |  |   |                         |                                |  |                              |  |
|---|--|---|-------------------------|--------------------------------|--|------------------------------|--|
| Conference or Group:                          |  |   |                         | Check In Time:                 |  |                              |  |
| Date of Arrival:                              |  |   | Date of Departure:      |                                |  |                              |  |
| Number of Nights:                             |  |   | Number of Participants: |                                |  |                              |  |
| Number of Single Rooms Needed:                |  | Number of Double Rooms Needed:                            |                         | Number of Female Participants: |  | Number of Male Participants: |  |
| Budget Purpose:<br><b>University Use Only</b> |  | Budget Purpose Description:<br><b>University Use Only</b> |                         | Number of Staff Members:       |  | Parking Permits:\$3 per day  |  |
|   |  |   |                         |                                |  | Number of Permits:           |  |
| Additional Notes or Special Requests:         |  |   |                         |                                |  |                              |  |

## Signatures:

|                           |  |       |  |
|---------------------------|--|-------|--|
| Contact Signature:        |  | Date: |  |
| Fiscal Officer Signature: |  | Date: |  |
| Coordinator Signature:    |  | Date: |  |
| Housing Signature:        |  | Date: |  |

## Office Use Only:

|                              |  |                       |  |
|------------------------------|--|-----------------------|--|
| Activity Code:               |  | Invoiced Date:        |  |
| Request Received on:         |  | Dates Confirmed on:   |  |
| Sent to Housing:             |  | Contract Received on: |  |
| Room Assignment Received on: |  | Other Information:    |  |