

Student Affairs Equipment Reservation Form
University of Arkansas - Monticello

Date(s) of Activity: _____ Time of Activity: _____
Location of Activity: _____ Building: _____

Person in Charge: _____ email: _____
Organization/Department: _____
Account # to be billed for damages/loss: _____
Account name to be billed for damages/loss: _____
Local Mailing Address: _____ Phone: _____
Is activity raising money? _____ If yes, who (what) is the recipient? _____

<u>Requested Items</u>	<u>Additional Information</u>
___ Public Address-Microphone	_____
___ Chairs (no. _____)	_____
___ Stages (no. _____)	_____
___ Tables (no. _____)	_____
___ Overhead projector	_____
___ Projection Screen	_____
___ Lectern	_____
___ Green & White Tent	_____
___ Star Shade Tent	_____
___ Other _____	_____

_____ I will pick up and return the requested items myself

_____ I have completed a maintenance work order for pick up, set up, and return of requested items. I agree to provide the Student Affairs office with a copy of the work order submitted to maintenance.

Person Making Reservation: _____ Date: _____

Student Affairs Office: _____ Date: _____

Please fax or deliver a copy of this completed form to the Office of Student Affairs. All University regulations apply as stated in the UAM Student Handbook. Organizations or departments that cause damage or lose equipment will be billed for replacement of item(s).

Student Affairs Use Only

Received By: _____
Date Received: _____

Condition: _____

