

Husson University Departmental Room Reservation & Food Service Form

Department Requesting Room or Food Service

Title of Event

Head Table instructions

Date of Event

Time

Number of People Expected

Location of Event

Security Needed, if any

Maintenance/Equipment Requests

Food Service Menu and Requests

Charge to Department #

Phone #

Department Representative Signature

Who to Invoice if applicable

THIS FORM MUST BE FILLED OUT COMPLETELY AND SENT TO THE CONTROLLER'S OFFICE

Financial Approval signature:

Date:

cc: All Services Needed: Maintenance, Security, Housekeeping, etc.