REQUEST FOR A WAIVER OF FACILITY USE FEES

(University Procedure 41.01.99.C1.01 Facility Use Rent and Recovery of Charges Procedures)

1. Name of Event: _____________________
2. Purpose (include if fundraising): ______________________________
3. Room or Facility: ______________________________________________
4. Is this a fundraising event to benefit the university? Yes ______ No ______
5. Describe any benefits to the University related to the event: ______________________________________________
6. Will the event be held during normal hours of the facility? Yes____ No____
   Times and date of event: ______________________________________________
7. Number of attendees ______________________________________________
8. Is a fee being charged for attending the event? Yes ______ No ______
   If yes, what is the anticipated fee? $ ______________________________
   What is the purpose of the fee? ____________________________________
9. If this is a recruitment event, will the attendee’s information be used by Admissions or other office? Yes ______ No ______
10. Should your waiver be denied, what account number will we use to pay charges? _______________
11. Is Institution Event Form completed Yes ______ No ______
12. Estimated cost given by Facility Administrator for rental and recovery charges $_________________

Department/Outreach Requesting Waiver: ______________________________ Date:_____
Responsible Administrative Unit: ____________________________________________
   ☐ Support ☐ Do Not Support

*If not supported, provide a brief explanation:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name: ___________________________ Signature: ____________________________ Date_____

Reviewed by VP for IA: ______________________________ Date:_____
(If fundraising event)
   ☐ Support ☐ Do not Support

Reviewed by Executive VPF&A: ______________________________ Date:_____
   ☐ Support ☐ Do Not Support

Approved by the President: ______________________________ Date:_____
(or designee) Signature