

CHICAGO STATE UNIVERSITY
SPECIAL EVENT/GUEST/VENDOR PARKING



REQUESTOR

Requesting Department _____

Submitted Date _____

Requestor _____

Department Fiscal Officer _____

Phone/Extension _____

Department Location _____

Email _____

SPECIAL EVENT/GUEST(S)

Name of event OR names of special guest(s) or Vendor(s):

****Please attach an alphabetical listing of names if more than 5 guests are expected.****

Time & Date of Event _____

Location of Event _____

Estimated Number of Guests Expected: _____

ADDITIONAL SERVICES NEEDED

Trolley: _____ Pickup time/location: _____

Signage: _____ Wording: _____

Reserved Parking Spaces _____ Location _____

Reserved Parking Lot _____ Time(s) _____

ADDITIONAL COMMENTS: If Guest names are not available, they will be instructed to say they are here for your Event/Department.

BILLING

Collect from guest(s)

Agree to Bill Account Fund Number (insert) _____ to Parking Account 316000