# Request for Use of Schaeffer Hall Residence Rooms

<table>
<thead>
<tr>
<th>Description of Use:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Resident:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Room(s) Needed:</th>
<th>Non-Suite @ $65 / night</th>
<th>Suite @ $90 / night</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Nights Needed:</td>
<td>Non-Suite</td>
<td>Suite</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates Room(s) Needed:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrive</td>
<td>Non-Suite</td>
</tr>
<tr>
<td>Depart</td>
<td>Non-Suite</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Fee: (Rooms x nights x rates)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Expense Code (To be completed by requestor)</th>
<th>10-54550</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memo: Revenue Code</td>
<td>10-3006-54550</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Requestor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Request</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Received by Events Mgr:</th>
<th>Invoice #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Entered by Business Office:</th>
<th>Invoice #</th>
</tr>
</thead>
</table>

Note: Rooms for Handicapped and Deaf/Hard of Hearing Occupants are available.