

Student Club Organization Name: _____

Name of Program Event: _____

Event Date: ______

Reservation#_____

Contact Info:

Requester/Contact Name: _____

Email____

_____ Phone: ______ Foundation Account#:_____

To be eligible for refund, events must have gone through the Event Planning Process and follow all facility use policies and any addendums agreed to by the sponsoring organization. This includes not accepting donations or requiring guests to pay an admission or non-refundable registration fee to attend the event, ensuring the primary audience are CSUDH students, faculty and staff and safeguarding the facility from any damage.

Student Club Org. Account Name	Foundation Account Number	Loker Student Union Deposit Amount \$\$\$

	Approv	vals			
Account Signer Authorization (Print Name)		Sign	Date		
ASI Authorization (Print Name)		Sign	Date		
Foundation Approval (Accounting, Print Na (Confirmation of adequate balance in Stude		Sign	Date		
Event Reconciliation for LSU Only					
Check 1 box below and fill in the amount that is refundable/not refundable					
Full Deposit Fee Refundable	Partial Deposit Fee Refundable		Deposit NOT Refundable		
\bigcirc	\bigcirc		\bigcirc		
Amount of Deposit	Partial Deposi	t Withheld	Amount Refundable		
\$	\$		\$		

LSU Signer Authorization (Print Name)

Sign

Date

Foundation Signer (Confirmation of Refund or Charge)