

Facilities Requisition

Today's date: _____

Date (s) church will be used: _____

Coordinator's Name: _____ Email: _____

Daytime Phone: _____ Cell Phone: _____

Purpose of event: _____

Name of event: _____

Number of people attending: _____ Will Children be attending: Yes / No

Building in which event will occur: _____

Time: Attendees will arrive at _____ A.M. / P.M.

Activity will begin at _____ A.M. / P.M.

Activity will end at _____ A.M. / P.M.

Please check the room (s) to be used.

- | | | |
|---|---|---|
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> #200 Multipurpose Room | <input type="checkbox"/> #201 Multipurpose Room |
| <input type="checkbox"/> #202 Prayer Room | <input type="checkbox"/> #204 Classroom | <input type="checkbox"/> #205 Computer Lab |
| <input type="checkbox"/> #206 Conference Room | <input type="checkbox"/> #210 Kitchen | <input type="checkbox"/> #212 Classroom |
| <input type="checkbox"/> #213 Classroom | <input type="checkbox"/> #214 Classroom | <input type="checkbox"/> #215 Classroom |

Division Director: _____ Date _____

Department Director _____

Signature

Date

* For Office Use Only *

* Approved / Disapproved by: _____ Date: _____ *

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Facilities Requisition

The following information is required to be furnished when completing a Facilities Requisition. Please be mindful that all requisitions must be received by the Operations Office at least **twenty working days** before an event.

1. Date of event.
2. Indicate the start time of event.
3. Indicate the completion time.
4. The date which the requisition is being completed.
5. The name of the event (as it would be printed in announcements of bulletin).
6. The department that is sponsoring the event.
7. The building in which event will take place.
8. The room or location of event.
9. Name of person coordinating event.
10. Event coordinator's daytime telephone number.
11. Event coordinator's cell or evening telephone number.
12. A brief description about the event (please attach additional information on a separate sheet).
13. Indicate if sales will take place.
14. Indicate approximate attendance
15. Indicate if children will be present.
16. Signature of requestor and date.
17. Any additional information concerning event.
18. Divisional Director must sign every requisition before it is submitted to the Operations Office.
19. Signature of Operations Officer and date. The appropriate box will be marked to indicate the status of the requisition, approved or disapproved.

Copies will be distributed by the Operations Manager as follows:

Original:	Operations Manager
Copy 1	Facilities Manager
Copy 2	Requestor after approval or disapproval

Once Facilities Requisition is complete, please place in the Operations Manager mailbox or email to operations@hopeaglow.org. Please be mindful that approval is contingent upon availability of space and on a first-come-first-serve basis.

If there are any additional questions, please call Sister Rennay Johnson at extension 212.