

SANTA ANA COLLEGE
FACILITIES
Ext. 46227
EQUIPMENT REQUEST

PLEASE TYPE OR PRINT

DATE OF REQUEST _____

REQUESTOR: _____ DEPARTMENT: _____ EXT: _____

EQUIPMENT (List Quantity):	DELIVER ____	WILL PICK-UP ____
Tables _____ Chairs _____		
Other: _____		

DELIVER TO: _____ DATE NEEDED: _____ TIME: _____

WE WILL BE FINISHED WITH OUR EVENT AND THE ITEMS WILL BE READY FOR PICK-UP ON:

DATE: _____ TIME: _____

OFFICE USE ONLY

GRANTED/DENIED on _____ Admin Svcs Vice President: _____
