UVU SMITH COLLEGE OF ENGINEERING & TECHNOLOGY

CET LAB RENTAL FORM/INVOICE

Name _____   UVU Affiliation _____

Contact for Event _____   Organization Name _____

Best Way to Contact?

     Email _____   Phone _____   Other _____

Payment

     Index _____   Other _____

     (If other is selected, please contact bursar's office directly to make payment - 801-863-8298)

Event Information

     Event Name _____

     Lab(s) Requested _____

     Number of Participants _____   Number of Computers _____

     Date(s) Needed _____   Time _____

Purpose of Event

Participants Who Need Computer Access (Names and UVU IDs)

Dean's Office Action	
Approved Denied	**Fee Due _____**
Print Admin IV Name: _____	
Admin IV Signature: _____	Date: _____

Bursar's Office			
PAID to index F50320	Yes	No	Date: _____