

Direct Sales/Solicitation Request Form



Name of Group: _____

Name of Additional Organizations/Departments Involved: _____

Date of Submission: _____

Type of Event: _____

Request for permission to: Conduct Sale Erect Display
 Distribute Printed Material Sell or Distribute Food
 Other Request Denied

Date of Event: _____

Location: Building _____ Room # _____

Have you confirmed the reservation? Yes No

Describe Nature and Purpose of
Event/Request: _____

If Sale, please indicate total value of items to be sold: _____

Who shall benefit financially from these sales? _____

Please describe items to be sold: Name of Supplier:

1. _____

2. _____

3. _____

Names of Individuals Responsible for Event:

Name	Address	Telephone	Student #
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If food is involved: Letter from the Health Inspector Yes No

For Internal use Only:

Solicitation Approval: _____ Date: _____

Committee Approval: _____ Date: _____

Instructions: _____

Copies to : Registrar's Office Building Manager Information Desk Police

All sales must be approved through the Solicitations Committee, as per Administrative Policy No. GE. 20.0. **This form must be at each sale event.**