



JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY
Engineering Workshops

FACILITY USAGE REQUISITION FORM (Fill in Triplicate)

NOTE: This Facility Usage Requisition Form MUST be returned when duly filled to the Engineering Workshops Manager’s Office 14 working days before the actual day of the event for adequate preparation for use of the facility. The facility/ies shall not be available to any user department that shall not adhere to these guidelines.

PART ONE

Event Name.....

Event Date/s: From To Event Time: From..... To

Expected Number of Participants:in words.....

Facility/ies required:

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Boardroom | <input type="checkbox"/> Instruction Room | <input type="checkbox"/> Exhibition Hall |
| <input type="checkbox"/> Projector | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Requesting Officer: Name Signature.....

Contacts: Mobile..... Office Extension

Date of Request.....

PART TWO: OVERALL IN-CHARGE OF EVENT (DVC/PRINCIPAL/DEAN/DIRECTOR/CHAIR)

(I recommend/do not recommend this request)

Reason/s

Signature..... Date

PART THREE: FACILITY USAGE PAYMENT

<u>Facility Usage Fee</u>	<u>Amount Required</u>	<u>Mode of Payments</u>
Fee Required <input type="checkbox"/>	Full Day Kshs 10,000 <input type="checkbox"/>	Cash <input type="checkbox"/>
No Fee Required <input type="checkbox"/>	Half Day Kshs 5,000 <input type="checkbox"/>	Check-Off <input type="checkbox"/>

(For check-off payment, overall in-charge of event kindly authorize charging of your department vote)

(I authorize/do not authorize transfer of required facility usage fee of Kshs..... from our department vote number..... to Engineering Workshop Department vote number **87066**)

Signature Date

PART FOUR: MANAGER, ENGINEERING WORKSHOPS

Approved/Not approved

Reason/s.....

Signature..... Date

