



STAGING SERVICES TECHNICIAN REQUEST FORM

PHONE: 626-585-7045 or 626-585-7293 campususe@pasadena.edu

Please submit this form at least 30-days in advance of event date. All sections must be completed or the form will not be accepted.

Event Title: _____ Location: _____

Day of Event: _____ Date of Event: _____

Event START Time: _____ Event END Time: _____ Room Reserved Times: _____ to: _____

If the event runs more than 4.5-hours, will there be at least a 30-minute lunch/dinner break? YES What time: _____

Name of Requestor: _____ Phone: _____ Dept/Division: _____

Staging Services technicians are hourly and work on an "on-call" schedule. A 24-hour cancellation notice must be received by Staging Services and Campus Use prior to the event start time to avoid cancellation charges.

Please fill in the Cost Center Name + Number to be used for the technician charges.

Cost Center Name: _____ Cost Center Number: _____ / _____ / **231200** / _____

Please use the complete Banner account number Fund/Org/Account/Program

Instructional Department: Class CRN # _____ Course Name: _____

Administrative Department: _____

President's Office/District Board of Trustees

Conference/Workshop: _____

Grant/Program Title: _____

Office of Student Life

Club Name: _____ Advisor: _____

If a Cost Center transfer cannot be used for this event, where should the tech invoice be sent for payment?

Submit Bill to: _____ Room: _____ Organization: _____

This Event is a: **Lecture** **Conference** **Performance** **Concert** **Campus Meeting**

The event will require the use of: (A reminder that Staging Services doesn't supply laptops or tablets for events)

Lectern

Microphones: How many? Lectern Mic _____ Handheld mic _____ Table Mic _____ Lavalier mic _____

Laptop connection: Which type of laptop will be used? PC _____ MAC _____

PowerPoint

Other: Please explain: _____

After your event is completed, Staging Services will send the invoice to Fiscal Services for direct transfer to Staging Services account 100000-470300-231200-6130 or directly to you for payment by PCC check.

**THIS SECTION IS TO BE COMPLETED BY STAGING SERVICES*

INVOICE # _____

Technician Charges: _____ x _____ = _____ x _____ /hr = _____
(Technician(s)) Hours (Each) (Total Hours) (Rate of Pay) (Total Due)