Finance and Administrative Services

ROUTING FORM – FACILITY USE AGREEMENTS

(Please initial or check off denoting that all items listed below have been completed.)

From: ______________________________________________________________________________

Contact Name     Email address     Department
_______________________________________________________________________________

Event: ______________________________________________________________________________
_______________________________________________________________________________

_____ All blanks completely filled in on Agreement

_____ Agreement states the current approved Facility Rental Rates

Exceptions to the use of approved rental rates must be explained:

_______________________________________________________________________________
_______________________________________________________________________________

_____ Insurance Forms Attached:

_____ Certificate of Insurance – shows limits as stated in Facility Use Agreement

_____ Certificate in the name of the Board of Supervisors of Louisiana State University
& Agricultural and Mechanical College

_____ Worker’s Comp (If no, a statement on Licensee’s letterhead is required stating
reason as to why worker’s comp is not required, e.g., no employees, etc. and
attached to Facility Use Agreement)

_____ Signed or Initialed by Departmental Authority

_____ Forwarded to FAS on _______________________

(date)

-------------------------------------------------------------------------------------------------------------------------------

For FAS only:

_____ Signed and Approved by FAS

_____ Routed to Requesting Department on _______________________

(date)

-------------------------------------------------------------------------------------------------------------------------------

This form must accompany any Facility Use Agreement transmitted to Finance & Administrative Services.