

MEETING ROOM and AUDIO VISUAL RESERVATION & AUTHORIZATION FORM

This form when completed and signed by an authorized UVic Account Holder and a Purchasing Officer, will authorize the firm or organization listed on this form to apply charges to UVic's Purchasing Credit Card. This form is invalid unless all fields are completed. Conferences (greater than \$5,000.00) cannot be reserved on this form; please forward a WebReq to Purchasing Services.

Organization or Hotel:				CONFIRMATION No.:			
Location:				UVic Contact Name:			
Contact Name:				Faculty/Departme	ent:		
Telephone:				Telephone:			
Fax:				Fax:			
Email:				Email:			
Meeting Room Requirements:							
# of Meeting Rooms Needed:		Specify Sizes (# of people):					
Dates Required:	red:						
Number of Days required:			Times:				
Meeting Room Charges (daily)	:						
Catering (type and quantity):							
Please contact UVic Audio Visual Services at <u>uvicav@uvic.ca</u> to arrange audio visual services.							
Total Charge to UVic Credit Card:	\$		Currency:				
Approved Extras:							
Special Needs:							
FAST Code:				-7292-			
	Fund	Organizat	ion	Account	Activity	Location	
	MANDATORY				OPTI	ONAL	
Account Holder Signature			Date				
Account Holder Name and Position (please print)							
Purchasing Services Authorization and Contact Information:							
Approved by: E. Kite for Director of Purchasing Services or			Date				
Purchasing Officer							
Charge to Credit Card as provided.				University of Victoria Purchasing Services Department			
Please reference Confirmation No., Faculty/Department on your receipt to purchase@uvic.ca.				Box 1700 STN CSC, Room 110 Saunders Annex			
your receipt to purchase wave.ca.			Victoria, British Columbia				
			Phone: 250-721-8326 Fax: 250-721-8327				
				Email: purchase@uvic.ca			
IMPORTANT NOTE TO RESERVATIONS AGENTS:							
Charges are limited to room rates at the time of reservation confirmation plus applicable Taxes (broken out), unless							
otherwise specified in the section above. Original receipts must be sent to UVic Purchasing Services at the address above.							

Please fax this form when completed to Purchasing Services at 8327 or email for processing. **Internal USE:**