

BUDGET A | All Events

Please note that the following Budgetary Items are the responsibility of the Contact Person/Contact Department

MEDIA RESOURCES TECHNICAL SUPPORT (at \$35/hour *Please note price is subject to change) Minimum four (4) hour booking: please include set-up and take-down time. Technician support is mandatory for Theatre A1060.	\$
SECURITY FACILITIES can help determine security costs as required	\$
JANITORIAL COSTS FACILITIES can help determine security costs as required	\$
CONTRIBUTOR FEES Honoraria, Speaker Fees, Etc.	\$
CATERING	\$
CONTRIBUTOR TRAVEL	\$
CONTRIBUTOR ACCOMMODATION	\$
EVENT RENTALS	\$
POSTER/ADVERTISING DESIGN	\$
POSTER/ADVERTISING PRINTING	\$
STUDENT MONITORS (starting at \$11.76 PER HOUR) Rate: Hours:	\$
PRODUCTION EXPENSES (MATERIALS, ETC.)	\$
OTHER	\$
TOTAL for Budget A:	\$

BUDGET B | Facilities + Insurance

Facility Fees and Event Insurance requirements may apply as determined by Facilities or Risk Assessment

Facility Fees and Event Insurance requirements may apply as determined by the VP Academic

FACILITY FEE	\$
EVENT INSURANCE FEE	\$
TOTAL for Budget B:	\$

BUDGET C | Sponsorships + Partnerships

NAME OF SPONSOR/PARTNER	
DOLLAR AMOUNT OF SPONSORSHIP	\$
TOTAL for Budget C:	\$

EXPENDITURE APPROVAL | Department Head/GL Account Code Authority

Maximum Expenditure Up To	\$
<i>Please add Budgets A, B + C together to achieve Maximum Expenditure Amount</i>	
GL Account Code	Budget Approval Signature
	X

Room Set-up Notes | Provide details of additional table, chairs and room configuration if applicable

A/V REQUESTS | Event Programming: Check all that may apply

- SHOW PRESENTATION (PowerPoint, Keynote, PDF...) PROJECT VIDEO | DVD
 SPEAK TO AN AUDIENCE PROJECT VIDEO | LAPTOP
 PLAY AUDIO | CD PROJECT VIDEO | VHS TAPE
 PLAY AUDIO | COMPUTER RECORD AUDIO ONLY
 PLAY AUDIO IPOD OTHER

EQUIPMENT REQUESTED

<input type="radio"/> TRANSPARENCY PROJECTOR	MICROPHONE WIRELESS HANDHELD
<input type="radio"/> LAPTOP	MICROPHONE WIRELESS LAPEL
<input type="radio"/> DVD PLAYER	CAMERA
DIGITAL AUDIO RECORDER	OTHER SPECIFY

ADDITIONAL NOTES + COMMENTS

By submitting this form, the borrower assumes full responsibility for the equipment and agrees to reimburse Emily Carr University of Art + Design for any loss or damage. Some details of your request may change to conform to technical requirements, policies, security issues, availability of requested equipment and/or personnel.

FOR A/V USE

TECHNICIAN/MONITOR ASSIGNED	GL Account Code
SET-UP	DATE/TIME
TEAR-DOWN TIME	ESTIMATED HOURS
SPECIAL	X
COLLABORATIVE TECHNOLOGIES + MEDIA RESOURCES, ITS	

AUTHORIZATIONS

VP ACADEMIC OFFICE APPROVAL

EVENT TYPE INTERNAL PARTNERSHIP

VP Academic **X**

RISK ASSESSMENT/INSURANCE

Proof of Insurance submitted YES N/A

Date (DD/MM/YY)

Liquor Certificate Submitted (if applicable) YES N/A

University Secretary/VP Finance + Admin **X**

JANITORIAL + SECURITY ASSESSMENT

Date (DD/MM/YY)

General Manager, P3 Facility Operations **X**