



INTERNAL Use of Facilities Form

Note: Please email this completed form to ops@slocoe.org immediately upon request of the online room reservation. This form is required for after-hours use of any SLOCOE facility by an internal SLOCOE department.

Applicant Information:

Name of Event/Meeting: _____ Coordinator's Name: _____

Coordinator's Telephone: _____ Department: _____

Coordinator's Email Address: _____

Please Select Location Requested:

SLOCOE Board Rm – Cap. 40 (\$20/hr)	SLOCOE SPS Conference Rm - Cap. 20 (\$15/hr)
SLOCOE Training Rm – Cap. 20 (\$20/hr)	SLOCOE Superintendent's Conference Rm – Cap. 12 (\$15/hr)
SLOCOE ESS Conference Rm – Cap. 15 (\$15/hr)	Rancho El Chorro Conference Rm – Cap. 12 (\$15/hr)
Morro Road Ed Ctr Rm 107 Cap. 25 / Cap. 50 Theater Style Seating (\$15/hr)	Rancho El Chorro Auditorium – Cap. 150 (Theater Style Seating) (\$250/Half Day – 4 Hours) (\$350/Full Day)
MOT Conference Rooms Conference RM 1 – Cap. 12 (\$15/hr) Conference RM 2 - Cap. 20 (\$15/hr) Open Conference RM – Cap. 75 (\$15/hr)	Loma Vista Community School Gym Capacity 100 (\$35/hr) Rm 107 Rm 108 Rm 109 Cap. 30 (\$15/hr per Rm)

Describe purpose/event:

Date(s) _____ Hours: _____ to _____ Full day Half day Number of anticipated participants: _____

SLOCOE Employee will be present: Yes No

Additional Comments/Information:

I understand that if I need to cancel or change my reservation that I will contact SLOCOE Operations **immediately** at ops@slocoe.org or 805-782-7250. I also understand that if I need room set u, for applicable locations, that I must also submit a "Room Setup Request" to emartinez@slocoe.org. Room Setup Request Forms are available on our website at www.slocoe.org under "Forms, Manuals, and Policies" and then "Reservations and Requests".

Budget Code(s) to Expense:

_____ % _____ %

Authorizing Name (Printed): _____ Authorizing Signature: _____ Date: _____

MOT OFFICE USE ONLY:

Room Used: _____ Number of Days: _____ Number of Hours: _____ COST: _____
 Room Used: _____ Number of Days: _____ Number of Hours: _____ COST: _____
 Room Used: _____ Number of Days: _____ Number of Hours: _____ COST: _____

DEPOSIT ACCOUNT: 01-9693-0-8650-0000-0000-000-6000-2200: \$ _____

REVENUE ACCOUNT: 01-9693-0-8650-0000-0000-000-6000-0000: \$ _____ (85%)

REVENUE ACCOUNT: 01-0000-0-8650-0000-0000-000-6000-0000: \$ _____ (15%)