



**SAFETY & RISK
SERVICES**

CAMPUS SAFETY &
SECURITY SERVICES

**SFU CAMPUS SECURITY OPERATIONS
SERVICE REQUEST**

REQUEST INFORMATION

Date: _____ Department: _____

Requested by: _____ SFU ID or BCDL: _____

Phone: _____ Fax: _____ Email: _____

Type/Name of Event: _____ Licensed: ____ Yes ____ No

Location of Event: _____ # of Attendees: _____

Event Date(s): _____ Time(s): _____

PAYMENT DETAILS

Account Code: _____

(note after 23 Sep 16 new format is OOOO–FF–DDDD–PPPPP or OOOO–FF–JJJJJJJJ)

(Object–Fund–Dept–Program or Object–Fund–Project)

Office Use Only

☐ Please invoice – billing info included in details box above (for non–SFU departments)

JV: _____ Invoice: _____

AUTHORIZATION DETAILS

I acknowledge that by signing and submitting this request, that I have the financial authority for expenses charged to the Account Code listed above or will pay invoice without delay (non–SFU department).

Authorized by (print/type): _____ SFU ID/ BCDL: _____ Date _____

Signature: _____ Phone #: _____