



## **REQUEST FOR POLICE SERVICES – OVERTIME FEES**

			Date:		
Requesting Depa	artment and Zip:_				
Contact Person:		Telephone #			
Event:		Sponsor:			
Event Location:					
Date:		From:	a.m./p.m	. То:	a.m./p.m.
Date:		From:	a.m./p.m	. То:	a.m./p.m.
Date:		From:	a.m./p.m	. То:	a.m./p.m.
Date	Officer Rank	# of Officers	Total Hours	Overtime Rate	Total
				\$	\$
				Total Due	\$
amount due will Material and Ser services are prov	be made payable vices Requisition,	nt is payable to the to University Police the approved reques will be sent to the Hall, Z=5501.	e, Account 900657 isition is attached	7. If payment will and will be proce	be made by a essed after
	(Signa	ature of program co	pordinator or requ	restor)	