

## Los Angeles Unified School District Headquarters Office of the Building

## CAFETERIA RESERVATION-TRIMANA CAFÉ ON LEVEL A

REQUESTOR INFORMATION	N: (please print)			
Requestor Name:		Date:	Date:	
Email:		Phone:	Phone:	
Date(s) Requested:		Hour(s) Requested:	Hour(s) Requested:	
Office/ Division:		Number of People:	Number of People:	
Type of Meeting:		Title of Meeting:	Title of Meeting:	
(Such as: training, luncheon, fundraiser, classes, literature table, meeting, blood drive, etc.)				
After-Hours Meeting? (Yes or No)		After-Hours HVAC? (Yes	After-Hours HVAC? (Yes or No)	
Funding Line: (To be provided if After-Hours HVAC is requested or if there is cleaning or repairs needed)				
GL ACCT	COST CTR	FUND	FUND AREA	
	ay for any repairs or specia unding line will be charged		use. Requestor agrees	
Requestor Signature:				
X		Date:		
Division Head Approval:				
X	X Date:			
Printed Name:		Phone:	Phone:	
Please submit form to th	e Office of the Building	g (Email: <u>OfficeoftheBu</u>	uilding@lausd.net)	
For Internal Use Only:				
Approved By:	Re	eservation Made:		