MEETING ROOM and AUDIO VISUAL RESERVATION & AUTHORIZATION FORM

This form when completed and signed by an authorized UVic Account Holder and a Purchasing Officer, will au the firm or organization listed on this form to apply charges to UPionshasingCreditCard. This form is invalid unless all fields are completedConferences (greater than \$,\$00.00) annot be reserved on this form lease forward a WebReq to Purchasing Services.

Organization or Hotel:	CONFIRMATION No.	
Location:	UVic Contact Name:	

Contact Na. @ 08. 1967 (054)