



Welcome Desk Ticket Request Form

Please ensure that your request is completed at least 7 days prior to the event date.

Contact Information:

Student Organization/ Dept.: _____

Applicant Name: _____

SIUE Email: _____ Phone #: _____

Fiscal Officer Name: _____

SIUE Email: _____ Phone #: _____

Billing and Deposit Information:

Budget Purpose # : _____ Account Name: _____

Event Information:

Event Name: _____

Description of Event: _____

Event Date: _____ Event Time: _____ Event Location: _____

Ticket Pricing & Dates:

**Must show SIUE ID for pricing*

	Price	On Sale Date	Quantity
SIUE Students*:			
SIUE Faculty/Staff*:			
General Admin:			
Other*: _____			

Additional staff for selling or collecting tickets? Yes* or No

****Additional staff must be compensated \$10/hr for a minimum of 2 hours***

Sell Tickets: ___ to ___ and/or Collect Tickets: ___ to ___

Ticket Information:

Physical Paper Tickets **Must be numbered, look professional, and on cardstock*

Ticket Return/ SIUE Printed Ticket

Online Sales: Yes or No

**Will end 1 hour prior to event start time or close of business unless otherwise arranged with Assistant Director.*

Would you like an announcement to scroll on TV behind Welcome Desk? Yes or No

Other Instructions:

Signature: _____ Date of Request: _____

----- For Office Use Only -----

Micros Button: _____ Micros Ticket Name: _____

Number of Tickets Received: _____ Initials: _____