

Bucknell University

Department of Public Safety

EVENT MANAGEMENT AGENCY REQUEST FORM

Name of Event: _____

Location of Event: _____

Date(s): Starting: _____

Ending: _____

Times: From: _____

To: _____

Planned attendance: _____

Manpower requested: **(Public Safety - \$30p/h)** _____
(Estimated costs)

(DPS Event Staff - \$16p/h) _____

(Outside Security - \$20p/h) _____

(Lewisburg Police - \$35p/h) _____

(East Buffalo Police - \$35p/h) _____

(Union County Sheriff's - \$33p/h) _____

(William Cameron Ambulance - Per diem) _____

Special requests: _____

Will alcohol be present? Yes No

Contact Person: _____

Department: _____

Telephone: _____ Cell: _____

Signature of Event Organizer: _____

DATE RECEIVED

EVENT MANAGEMENT
COST ESTIMATE FORM

AGENCY	PER HOUR	# OF UNITS	HOURS	TOTAL
BU Public Safety	30			
DPS Event Staff	16			
Outside Security	20			
Lewisburg Police Dept.	35			
East Buffalo Police Dept.	35			
Union Co. Sheriff's Dept.	33			
William Cameron Ambulance	Per Diem			
Other	Per Diem			
TOTAL (ESTIMATED)	--			

Account to be charged: _____

Signature of Account Manager: _____ Date: _____

Signature of Event Organizer: _____ Date: _____

Signature of Public Safety Coordinator: _____ Date: _____

DATE RECEIVED

PROCESSING INFORMATION:

Total Amount Billed: _____ Date: _____

Re-imbusement to Public Safety: _____ Acct. # _____

Review of event w/ client: _____ Date: _____

Outcome narrative:

DATE PROCESSED
