

EVENT CAMPUS INVENTORY FORM

Event _____ Event Date _____

Date Submitted _____ Delivery Date _____ Pick Up Date _____

Dept _____ Point of Contact _____ Tel# _____

Delivery/Pick Up Location _____

(Indicate Campus Building / Floor / Room #)











Form must be received by matlmgmt@odu.edu at least TWO (2) WEEKS PRIOR to the requested delivery date.









Approval is subject to inventory and scheduling availability.

Events have to be scheduled in Resource Scheduler, and presented to the Special Event Task Force group.

Contact VHS-events@odu.edu for more information

For table/chair set-up, contact Housekeeping-ext.5863 or Housekeeping_vhs@odu.edu

Inventory No.	Item Description	Qty available	Qty Requested
	6 ft Rectangular White Folding Table	44	
	8 ft Rectangular White Folding Table	4	
	60" Round White Folding Table	29	
	32" Round White Folding Table Bar Height	31	
	White Folding Chair with Padded Seat Indoor Use Only	95	
	Gray Metal Folding Chair with Blue Plastic Seat Indoor/Outdoor Use Only	209	
	Barstool with Black Seat	25	
	Mahogany Portable Podium (no sound)	1	
	38' Stanchions- Black TensaBarrier	47	
	Easel- Silver Aluminum Telescopic	15	

Inventory No.	Item Description	Qty available		Qty Requested
	4ft Coat Rack on Wheels- double sided	15		
	Hangers- tubular Plastic	200		
	Branded Linen 6 ft or 8ft VHS logo <i>Please select size</i> <i>Appropriate for all events; may not use with food/beverage</i>	6ft	40	
		8ft	4	
	Branded Linen 6ft only VHS EVMS logo <i>Use for Medical School/Program events only; may not use with food/beverage</i>	20		
	Branded Linen 6ft only VHS EVMS School of Health Professions logo <i>Use for SHP Program events only; may not use with food/beverage</i>	10		
	Branded Linen 6ft only VHS EVMS Medical Group logo <i>Use for Medical Group events; may not use with food/beverage</i>	4		
	Table Cover 6ft only No logo- navy blue <i>Appropriate for all events; may not use with food/beverage</i>	10		
	Table Cover 6ft only <i>Please select color</i> <i>*May be used for food service</i> <i>*Packaged food/snack items and bottled beverages only</i>	Blue	5	
		Black	5	

*** Any LOST, STOLEN, or DAMAGED Inventory - Department is responsible to pay replacement/repair costs.

*** Inventory will be delivered at a central building location that has been pre-selected.

*** Table Covers will be delivered and picked up at the Office of the Requester.

*** **BRANDED Table Covers MAY NOT BE USED FOR food service**

Department Chairman/Head: _____ Date: _____

Received by Procurement Services _____ Date: _____

Department

By initialing below, you acknowledge that the table covers will be returned folded, in the hanger. Damaged/soiled table covers will be cleaned at the department's expense.

Received by _____ Date _____ Qty Verified _____ (initial)

Procurement Services

Picked up by: _____ Date _____ Qty verified _____ (initial)