CUSTODIAL/TECHNICIAN TIME CERTIFICATION FOR CRCSD FACILITY USE BY NON-DISTRICT GROUP (High School and ELSC Only)

Revised 4.3.19

To ensure proper billing for building rental fees, this completed form MUST be sent to the Accounting Department the day following usage.

Email: ar-invoices@cr.k12.ia.us

School	
Date of Facility Use:	Room Used:
Permit/Contract #:	
Name of Group:	
Actual Time Arrived: AM or PM	Actual Time Departed: AM or PM
(Time when first person from group arrives)	(Time when last person from group leaves)
District In-Charge (printed name and date):	
Comments (if any):	
COMPLETED BY GROUP IN-CHARGE DIRECTOR: As the representative of the group using a CRCSD facility, I certify the above information is correct.	
Printed Name:	Date:
Signature:	