

## ALCOHOL SERVICE REQUEST FORM

University of Kansas School of Medicine - Wichita  
Approval required pursuant to the KU policy on [Alcohol Service at Events](#)

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**CONTACT:**

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**EVENT DETAILS:**

1. Sponsoring University dept/organization: \_\_\_\_\_

2. Date of event: \_\_\_\_\_ Day of week: \_\_\_\_\_ Time of event: \_\_\_\_\_

3. Purpose of event (include specific information about how it relates to official University business and/or fundraising):  
\_\_\_\_\_  
\_\_\_\_\_

4. Location: Main Lobby (Esplanade)

Meadowlark Room

Sunflower Room

West Atrium

5. Expected attendance: Number: \_\_\_\_\_

Groups: faculty staff students spouses public/other

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**ALCOHOLIC BEVERAGE REQUEST:**

6. Alcoholic beverage(s) to be served: beer wine

7. Non-alcoholic beverage(s) to be served: \_\_\_\_\_

8. Should the Security Office be notified of this event? Yes No

If yes, please give reason: \_\_\_\_\_  
\_\_\_\_\_9. Name of licensed caterer to provide and serve alcohol (please obtain & attach contract):  
\_\_\_\_\_  
\_\_\_\_\_10. Signature of the person responsible for enforcing the [Alcohol Service at Events](#) policy:  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Title

Date

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**APPROVAL SIGNATURE:**\_\_\_\_\_  
Dean, School of Medicine-Wichita\_\_\_\_\_  
DatePlease complete form and send to Finance at: [kusmwfinance@kumc.edu](mailto:kusmwfinance@kumc.edu)