

**Prairie View A&M University
Student Activities and Leadership
(936)261-1340
SCROLLING MARQUEE**

Pay to: **Scrolling Marquee Account – 332130**

REQUEST		Request#: _____	
Message (Please Type) _____ _____ _____ _____			
Dates that the message will post		From _____	To _____
Length of Announcement (# of days, months, etc.) _____			
Agreement: Review Scrolling Marquee Agreement:		<input type="checkbox"/> Yes	<input type="checkbox"/> No Initials _____
FOR OFFICE USE ONLY			
Payment: \$ _____ Per _____ Day _____ Week _____ month			
Paid by: <input type="checkbox"/> P.O. <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> M.O. <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Credit Card			
Receipt No.: _____		<input type="checkbox"/> \$10.00 per day	<input type="checkbox"/> \$50.00 per week
REQUESTED BY:			
UNIVERSITY OFFICIAL		STUDENT	
_____		_____	
Printed Name		Printed Name	
_____		_____	
Date		Date	
_____		_____	
Signature		Signature	
_____		_____	
Date		Date	
_____		_____	
Title		Title	
_____		_____	
College/Department/ Unit		Organization	
_____		_____	
Telephone No.		Telephone No.	
_____		_____	
APPROVED BY:			
_____		_____	
Signature		Date	
_____		_____	