CUSTODIAL/TECHNICIAN TIME CERTIFICATION
FOR CRCSD FACILITY USE BY NON-DISTRICT GROUP

To ensure proper billing for building rental fees, this completed form MUST be sent to the Accounting Department the day following usage.
Email: accountsreceivable@crschools.us

School _____

Date of Facility Use: _____ **Room Used:** _____

Permit/Contract #: _____

Name of Group: _____

Actual Time Arrived: **AM or PM** **(Time when first person from group arrives)**	**Actual Time Departed:** **AM or PM** **(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: _____