

(WV-15) REQUEST FOR TEMPORARY SPACE

INSTRUCTIONS: If you answer “no” to ALL of the following questions, DOA’s approval is not required. Attach a copy of this form to the invoice for processing through the Auditor’s Office. However if the answer is “yes” to ANY of the questions listed below, this form must be submitted at least one month prior to the requested date of use to the following address:

Department of Administration
Leasing Section
1900 Kanawha Boulevard, East
P.O. Box 50132
Charleston, WV 25305-0132

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|--|--------|-------|
| 1) Is the space requested to be used as office space? | Yes___ | No___ |
| 2) Will the space be used for six (6) months or more? | Yes___ | No___ |
| 3) Will the total rental amount exceed \$2,000.00 for the event or use during the fiscal year? | Yes___ | No___ |
| 4) Is there any kind of rental agreement, contract, etc. to be signed by the agency?* | Yes___ | No___ |
| 5) Has the agency’s authority to lease temporary space been revoked by the DOA? | Yes___ | No___ |

*** If you answer “yes” then you must attach a copy of the agreement along with a signed WV-96 to this form.**

Type of space: _____ (example, conference room, auditorium, etc.)

Date(s) of Use: _____

Rent to be paid to: _____ (Vendor)

Cost for Use of Space: _____

Purpose: _____

Agency Contact: _____ Phone Number: _____

Name and Address of Spending Unit: _____

I certify that, to the best of my knowledge, suitable rent-free space is not available on the date(s) and for the purpose stated above.

By _____ Title _____ Date _____

APPROVED:

By: _____
Secretary, Department of Administration

Date: _____