

454 GRC Bldg, Rizal Ave., Extn. 9<sup>th</sup> Ave., Grace Park, Caloocan City Tel. No. ; 361-6330

## **EQUIPMENT RESERVATION FORM**

Requestor's Name:	Employ	yee No./Student No.:	Date Reserved:	
Coll/Dept/Div/Int.:				
Requestor's Email Address		Requestor's Contact	Requestor's Contact No.:	
	RESERVA	ATION INFORMATION		
Reservation Date: From		om what time:	To what time:	
Event Description/Event Local	tion:			
	Fau	ipment/Furniture		
Tables	Chairs		Others	
		Notice		
Submitting a request does no copy of this form notifying you mind it can take up to 24 ho	once the n	equest has been appro	been made, you will receive a wed or denied. Please keep in ssed.	
I will return all the equipments	in good cor	ndition after the event.		
I agree with the notice:				
Yes Requestor's Signature:  Date:			nature:	
Approved by:		Remarks after us	ed:	
Reader's Services In-charge	Date	Checked by:		
Noted by:				
General Services	Date	Date:		