



FACILITY RESERVATION FORM

Date Filed: 30 May 2023

Name: Jay A. Belten

Contact No. 09267916134

Signature: [Signature]

If from VSU ☒ Faculty ☐ Staff ☐ Student

Name of Office/Department/Unit/Organization/Agency: _____

If from outside VSU

Address: _____

Purpose/Nature of Event: _____

Number of person who will use the facility: _____

Date(s) Needed:

Day 1 June 2, 2023
Day 2 June 4, 2023
Day 3 June 5, 2023
Day 4 June 6, 2023
Day 5 _____

Time Start 5:30 AM
Time Start 5:30 AM
Time Start 5:30 AM
Time Start 5:30 AM
Time Start _____

Time End 5:30 AM (overnight)
Time End 5:30 AM (overnight)
Time End 5:30 AM (overnight)
Time End 8:30 PM
Time End _____

*Facility being reserved:

☐ Audio Visual Room ☐ Conference Room ☐ Lecture Hall
☒ Others (Please Specify): Classroom

*Equipment Needed:

☐ Sound System ☐ Laptop/Computer ☐ Projector Screen
☐ Microphone ☐ Projector ☐ Phil. Flag/Banner
☐ Monoblock Chair ☐ Rostrum ☐ Ramps
☐ Television Set ☐ HDMI Cable/HDMI Adapter
☐ AUX Cable ☐ Portable Public Address System
☒ Others (Please specify): electric fan

Fee: [] Required [] Not Required [] Waived, to pay electricity and overtime of staff only
(present approved letter request signed by the Univ. President)

OR No. _____ Amount Paid: _____

[] AVAILABLE [] NOT AVAILABLE

Name and Signature

Position

Date Signed: _____

[] APPROVED [] DISAPPROVED

JOEL Q. MABALIN

Name and Signature

Head

Position

Date Signed: _____

*Put "N/A" on the box if the
Facility/Equipment is not applicable to
your Office/Dept/Unit/Center
**to be accomplished in two(2) copies