



FACILITY RESERVATION FORM

Date Filed: 01-16-2023

Name: AMPARO CHRISTINE MEJICA Contact No. 09635837624 Signature: _____

If from VSU ☒ Faculty ☐ Staff ☐ Student

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

If from outside VSU

Address: _____

Purpose/Nature of Event: FINAL EXAMINATION

Number of person who will use the facility: 5

Date(s) Needed:

Day 1	<u>01-19-2023</u>	Time Start	<u>7:00 AM</u>	Time End	<u>5:30 PM</u>
Day 2	<u>01-20-2023</u>	Time Start	<u>7:00 AM</u>	Time End	<u>5:30 PM</u>
Day 3	_____	Time Start	_____	Time End	_____
Day 4	_____	Time Start	_____	Time End	_____
Day 5	_____	Time Start	_____	Time End	_____

*Facility being reserved:

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

*Equipment Needed:

<input type="checkbox"/> Sound System	<input type="checkbox"/> Laptop/Computer	<input type="checkbox"/> Projector Screen
<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Projector	<input type="checkbox"/> Phil.Flag/Banner
<input type="checkbox"/> Monoblock Chair	<input type="checkbox"/> Rostrum	<input type="checkbox"/> Ramps
<input type="checkbox"/> Television Set	<input type="checkbox"/> HDMI Cable/HDMI Adapter	
<input type="checkbox"/> AUX Cable	<input type="checkbox"/> Portable Public Address System	
<input type="checkbox"/> Others (Please specify): _____		

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

Name and Signature

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