



### FACILITY RESERVATION FORM

Date Filed: Nov. 29, 2022

Name: KLEER JEANN G. LONGATANG

Contact No. 09507528084

Signature:

If from VSU ☐ Faculty

☐ Staff

☐ Student

Name of Office/Department/Unit/Organization/Agency: INSTITUTE OF TROPICAL ECOLOGY AND ENVIRONMENTAL MANAGEMENT

If from outside VSU

Address: \_\_\_\_\_

Purpose/Nature of Event: EXAMINATION

Number of person who will use the facility: 32

Date(s) Needed:

Day 1	DEC. 1, 2022	Time Start	9:00 AM	Time End	11:00 AM
Day 2	_____	Time Start	_____	Time End	_____
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:

☐ Sound System

☐ Microphone

☐ Monoblock Chair

☐ Television Set

☐ AUX Cable

☐ Others (Please specify): \_\_\_\_\_

☐ Laptop/Computer

☐ Projector

☐ Rostrum

☐ HDMI Cable/HDMI Adapter

☐ Portable Public Address System

☐ Projector Screen

☐ Phil.Flag/Banner

☐ Ramps

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

DR. ANATOLIO N. POLINAR

Name and Signature

HEAD, DFS

Position

Date Signed: \_\_\_\_\_

☐ APPROVED

☐ DISAPPROVED

DR. ANATOLIO N. POLINAR

Name and Signature

HEAD, DFS

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