

Republic of the Philippines  
**MINDANAO STATE UNIVERSITY**  
Marawi City

OP FILE

**FACILITY RESERVATION FORM**

Date: \_\_\_\_\_ Control Number: \_\_\_\_\_

Request for the use of: \_\_\_\_\_

Hosting Organization/ Office: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Inclusive Date/s: \_\_\_\_\_

Time of Event/s: \_\_\_\_\_

Purpose: \_\_\_\_\_

<b>1. Requested By:</b>	<b>Contact No.</b>
Name & Signature	

<b>2. Pre-Approved By:</b>	<b>Remarks:</b>
Presidential Management Staff	

<b>3. Checked and Approved By:</b>	<b>Payment Remarks:</b>
Facility in Charge	

<b>4. Confirmed By:</b>	<b>Remarks:</b>
Auxiliary Service Staff	

**Please settle your booking ON or BEFORE 3:00 PM the next business day from the time of your online pre-booking. Otherwise, your pre-booking will automatically be CANCELLED.**

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