

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: _____

1. Requested By:	Contact No.
Name & Signature	

2. Checked and Pre-Approved By:	Payment Remarks:
Facility-in-Charge	

3. Approved By: <small>[Only for Non-MSU Organizations or FREE Use]</small>	Remarks:
OP Chief-of-Staff/ Deputy COS	

4. Confirmed By:	Remarks:
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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MINDANAO STATE UNIVERSITY
Marawi City

(Original) Requesting Entity File
(Photocopy) Venue FILE

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