

XAVIER UNIVERSITY - ATENEO DE CAGAYAN

AUDIO VISUAL OFFICE ~ REGISTRAR



UOU-IUSTRUCTIOUAL RESERVATION FORM

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Students	Faculty	Staff	Non-XU	OP	Organizat	ation / Department / Company Contact Nu						ID#		
Seminar	O Training	O Meeting	Forum	Others:										
Activity								Purpose of Activity/reservation						
DATE OF USE		TIME OF USE		MATERIALS NEEDED			NUMBER OF		FOR AVR OFFICE USE ONLY					
							PARTICIPANTS		AVR N	NUMBER RE		MARKS		
ENDORSE) BY		Unit Ho	nd / Divocto	or / Dean / Chairpers	an.	RESEI	RVED BY	Name & Signature					
			Ullit nea	au / Directo		SUAL OFFICE U	ISE ONLY			Name & 3	ignature			
DATE & TIME RECEIVED					With fee only	NUMBER	OF HOURS							
RECEIVED	ВҮ						RENTAL FEE			6350-4140				
ENCODED BY						STAFF FEE STUDENT ASSISTANT FEE				7900-4140				
										7500-4140	RECEIF	T NUMBER		
APPROVED BY Audio Visual Personel					sonel	CONTROL No			REMARKS:					

^{*}SUBMIT THIS FORM TO AUDIO VISUAL OFFICE (SBM BUILDING GROUND FLOOR)*



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HOU-HUSTRUCTIONAL RESERVATION FORM

					_			_					
Students	O Faculty	Staff	O Non-XU	O President	Organizat	tion / Department / Company			Contact Number			ID#	
Seminar	O	Meeting	Forum	Others:									
-			Activity			Purpose of Activity/reservation							
							NUMBER OF		FOR AVR OFFICE USE ONLY				
DATE OF USE		TIME OF USE		MATERIALS NEEDED			PARTICIPANTS		AVR NUMBER			MARKS	
ENDORSED BY			Unit He	ad / Directo	or / Dean / Chairners	on	RESE	RESERVED BY Name & Signature					
	Unit Head / Director / Dean / Chairperson Name & Signature AUDIO VISUAL OFFICE USE ONLY												
DATE & TII	ME RECEIV	'ED				With fee only	NUMBER OF HOURS						
RECEIVED	ВҮ						RENTAL FEE			6350-4140			
ENCODED BY						STAFF FEE				7900-4140			
						STUDENT ASSISTANT FEE				7500-4140	RECEIP	T NUMBER	
APPROVED BY					CONTROL No			REMARKS:					
			Audio	Visual Pers	onel								