Social Welfare Institutional Development Bureau

SWADCAP RESERVATION FORM

Date: ________________________________
Name of Requesting Party/Office: ________________________________
Contact Details: ________________________________
Purpose: ________________________________

Facilities/equipment requested:
Kindly mark the appropriate box.

- [ ] Guest Room
- [ ] Function Room
- [ ] Training Equipment
  - [ ] Microphone
  - [ ] Projector

No. of Persons/Occupants: ________________________________
Date and Time of Check-in: ________________________________
Date and Time of Check-out: ________________________________

SWADCAP Guest Room Rates:
- [ ] DSWD officials/employees (P250/day)
- [ ] Non-DSWD Government Personnel (P400/day)
- [ ] Non-Government Personnel (P900/day)

SWADCAP Function Room Rates:
- [ ] Plenary (P3,000/8hrs)
- [ ] Kamagong Function Room (P1,000/8hrs)
- [ ] Others (P1,000/8hrs)

PAYMENT:
I hereby certify that the payment for the use of facilities shall be paid by the requesting party.

Kindly affix appropriate signatures:

__________________________________________  ________________________________________
Contact Person                             OBS/FO Director

Approved/Disapproved:

RHODORA G. ALDAY
Director IV
Social Welfare Institutional Development Bureau