



**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