SWADCAP RESERVATION FORM

Date: 
Name of Requesting Party/Office: 
Contact Details: 
Purpose: 
Facilities/equipment requested: (Kindly mark the appropriate box)

1. Lodging Room
2. Function Room
3. Training Equipment
   - Microphone
   - Projector

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

SWADCAP Lodging 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:

VINCENTE GREGORIO B. TOMAS
Director IV, Social Welfare Institutional Development Bureau

By submitting this Reservation Form, you consent to the collection, generation, use, processing, storage and retention of your personal data by the DSWD for the intended purpose of reserving a service of the SWADCAP.