

SWADCAP RESERVATION FORM

Date : _____
Name of Requesting Party/Office : _____
Contact Details : _____
Purpose : _____
Facilities/equipment requested : _____

Kindly mark the appropriate box.

- Lodging Room
 Function Room
 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:

VICENTE 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.