

Republic of the Philippines
MINDANAO STATE UNIVERSITY
Marawi City

OP FILE

FACILITY RESERVATION FORM

Date: _____ Control Number: _____

Request for the use of: _____

Hosting Organization/ Office: _____

Contact Person: _____

Inclusive Date/s: _____

Time of Event/s: _____

Purpose: _____

Requested By:	Contact No.
Name & Signature	

Checked By:	Remarks:
HAFAH SHANNON A. DITUCALAN	
In Charge	

Pre- Approved By:

Confirmed By:

Director, (Office/College of _____)

Auxiliary Service

Observe minimum health protocols as prescribed by the DOH and IATF.

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