



FUNCTION / GUEST ROOM RESERVATION FORM

Client / Requesting Unit: _____

Date Requested: _____

Course Title: _____

Fund Source: _____

FOR US TO PROVIDE YOU WITH QUALITY SERVICE, KINDLY **SUBMIT DULY ACCOMPLISHED FORM** AT LEAST **FOUR (4)** WORKING DAYS PRIOR TO THE EVENT AND/OR ARRIVAL OF GUEST/S. OTHERWISE, PLEASE CHECK ☒ BOX AND PROVIDE JUSTIFICATION.

<input type="checkbox"/> LAST MINUTE FUNCTION (<i>within 72 hours prior to event</i>)	JUSTIFICATION: _____ _____
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I. FUNCTION

DATE	TIME	VENUE	Type of Function	Meal Requirements <small>(pls. indicate dietary restrictions &/or allergies, if any)</small>		No. of Pax
				Meal Type	Budget/person	

(Note: Pls. attach additional sheet if needed)

Set – Up

- ☐ U-Shape
☐ Classroom Style
☐ Theater Style
☐ Cluster

☐ Hollow rectangular
☐ With VIP table (no. ____)
☐ Banquet
☐ Others _____

Other Requirements

- ☐ PWD-accessible
☐ LCD Projector / LED TV
☐ Sound System
☐ Microphones (no. ____)
☐ Philippine/SEAMEO/Innotech Flags

☐ Associate/Member Country Flags
☐ Whiteboard w/ marker & eraser
☐ Flipchart/easel stand
☐ Flowing coffee/tea
☐ Others _____

II. ACCOMMODATION

A. Guest Room Requirements

Type of Room	Occupancy			Total No. of Rooms	Budget/person	Remarks <small>(ex. with breakfast, personal account, request for PWD-accessible room, etc.)</small>
	Single	Twin	Triple			
Standard						
Deluxe						

B. Guest's Particulars (Pls. attach guest list w/ arrival & departure details for more than five names):

Name of Guest/s	Arrival		Departure	
	Date	ETA	Date	ETD

Requested by: _____

Approved by: _____

Unit Head/Project Manager/Office Manager

To be filled out by FMU

Date & Time Received: _____
 Assigned to : _____
 Assigned by : _____