



# Colegio de San Juan de Letran Calamba

City of Calamba, Laguna, · Philippines 4027 · [www.lettran-calamba.edu.ph](http://www.lettran-calamba.edu.ph) · +(63)0495455453

## Library Services Department

### FACILITIES AND EQUIPMENT RESERVATION FORM

Please fill out the following form as completely as possible.

Date: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Contact No.: \_\_\_\_\_

School/Department: \_\_\_\_\_ E-mail: \_\_\_\_\_

Course/Subject: \_\_\_\_\_ Library Unit: ( ) Basic Learning Resource Center  
 ( ) College Library, \_\_\_\_\_ Section  
 ( ) Library Discussion Room-AV Room  
 ( ) Viewing Area (Periodical Section)

Equipment to be used: \_\_\_\_\_

| DATE | DAY | TIME |
|------|-----|------|
|      |     |      |
|      |     |      |
|      |     |      |

Purpose : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Noted by:

\_\_\_\_\_  
Dept. Head/Chair

\_\_\_\_\_  
Date

NOTE: IF THE EQUIPMENT/FACILITIES ARE ACCIDENTALLY OR INTENTIONALLY DAMAGE, THE USER IS REQUIRED TO PAY OR REPLACE THE ITEM.

Name of Requestor: \_\_\_\_\_ School/Department: \_\_\_\_\_

### CONFIRMATION SLIP

| DATE | DAY | TIME |
|------|-----|------|
|      |     |      |
|      |     |      |
|      |     |      |

Library Staff: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: IF THE EQUIPMENT/FACILITIES ARE ACCIDENTALLY OR INTENTIONALLY DAMAGE, THE USER IS REQUIRED TO PAY OR REPLACE THE ITEM.