

## Colegio de San Juan de Letran Calamba

City of Calamba, Laguna, · Philippines 4027 · <a href="https://www.letran-calamba.edu.ph">www.letran-calamba.edu.ph</a> · +(63)0495455453

## Library Services Department

## FACILITIES AND EQUIPMENT RESERVATION FORM

		Date
Name of Requestor:	Contact No.:	
School/Department:	E-mail:	
Course/Subject:	<ul><li>( ) College Library, Section</li><li>( ) Library Discussion Room-AV Room</li><li>( ) Viewing Area (Periodical Section)</li></ul>	
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:	Schoo	ol/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.

