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**EVENTS MANAGEMENT OFFICE**

**VENUE RESERVATION FORM FOR ADMIN. CONFERENCE HALL (Admin 301)**

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

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Program/Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reserved Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others (Please Indicate/Check):

\_\_\_\_\_ Sound System

\_\_\_\_\_ Television

**Terms and Conditions:**

1. Always observe cleanliness and orderliness;
2. **The requesting department/unit should clean and fix the venue a day before the conduct of the program and after the conduct of their program;**
3. Conservation of energy should be observed;
4. Using of fire/flammable materials or substances is not permitted;
5. Activity must go on according to the stipulated schedule;
6. **The applicant is responsible for any damage incurred during the use of the venue/facility/equipment;**
7. **Damaged facilities/equipment incurred during its use by the applicant which is not due to natural cause shall be replaced/repaired by him; and**
8. **Maximum capacity of the venue should be observed—a maximum of 60 participants.**
9. Follow up on your reservation before the day of usage.

*I hereby accept and agree to abide by all the terms and conditions stipulated above.*

Conforme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

Noted:

**CAROLYNE DALE CASTAÑEDA -IGUID**

*Events Management Coordinator*

***COPY FURNISHED:***

1. File
2. Events Management Office
3. Civil Security

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**EVENTS MANAGEMENT OFFICE**

**JOB REQUEST FORM-JANITORIAL SERVICES FOR ADMIN. CONFERENCE HALL (Admin 301)**

**To:** General Services Office (GSO)

**From (Office):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. SERVICE REQUEST DETAILS**

* **Type of Service:** Janitorial Services
* **Location:** Admin Conference Hall

**II. REQUIRED DATE(S) AND TIME(S)**

* **Preferred Date(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Preferred Time(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. SCOPE OF WORK (Please check all applicable)**

[ ] Sweeping and Mopping Floors

[ ] Wiping and Disinfecting Surfaces (Tables, podium, railings, etc.)

[ ] Cleaning Glass Surfaces/Windows (within reach)

[ ] Dusting Furniture and Fixtures

[ ] Post-Event Cleanup (e.g., removal of scattered papers, food debris)

**IV. EVENT DETAILS (If applicable for post-event cleaning)**

* **Event Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Time of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Estimated Number of Attendees:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. REMARKS / SPECIAL INSTRUCTIONS:**

**Requested By:**

Printed Name & Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR GENERAL SERVICES OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assigned Personnel/Team:** \_\_\_\_\_\_\_\_\_\_\_\_

**Scheduled Date/Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completion Date/Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_