ABAC RESIDENCE HALL

RESERVATION FORM

GUEST (S)' NAME :		ARRIVE	DEPART
		DATE :	DATE :
		TIME :	TIME :
GUEST (S)	ROOM (S)	ROOM TYPE :	ROOM RATE :
MODE OF PAYMENT : ☐ CASH ☐ OTHER_____			
MADE BY : NAME		ID CODE :	
FACULTY / DEPARTMENT		TEL :	
FOR STAFF ONLY		SIGNATURE_____	
ROOM NO.		___ /___ /___	

REMARK (S)

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