
	Republic of the Philippines BULACAN AGRICULTURAL STATE COLLEGE Pinaod, San Ildefonso, Bulacan 3010	Document No.: BASC-GEN-QSF-11
		Rev. No.: 00
HOSTEL ROOM RESERVATION SLIP		Effectivity Date: 08/01/2019

Name		Date of Arrival	
Address		Time of Arrival	
Company		Departure Date	
Room Type <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> OTHER, pls. specify. _____		No. of Guest(s)	
		Rate Php	
		Deposit Php	
Made By		Date	
Address		Contact No:	
Received by:	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Verbal	<input type="checkbox"/> Other, pls. specify: _____	

NOTE: PAYMENT SHOULD BE MADE AT THE CASHIER OFFICE, MONDAY TO FRIDAY, 8:00 AM TO 5:00 PM. Please present your receipt of payment to the General Services & Civil Security Office for confirmation of your reservation. Thank you.

Tracking No.: _____

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