



AQUACULTURE DEPARTMENT
SOUTHEAST ASIAN FISHERIES DEVELOPMENT CENTER
TIGBAUAN, ILOILO

FULL PAYMENT FORM
MULTI-PURPOSE HALL (MPH)

Date(s) of Event: _____
Time: From _____ To _____

Function Room: MPH FR1 FR2 FR3

Purpose: _____

Name: _____

Amount Paid _____ OR# _____

I agree to the terms and conditions stated in the MPH Guidelines

Signature

(for HMO use)

- List of contractors with corresponding names submitted by Lessee
- Time of arrival and departure of guests/contractors confirmed with the Lessee
- Informed/provided Security Office of the event details with the list of contractors

Contact Number: _____

Processed by: _____

Note: To be accomplished in three (3) copies :
Cashiering
Lessee
HMO

Control No. _____