



AQUACULTURE DEPARTMENT  
SOUTHEAST ASIAN FISHERIES DEVELOPMENT CENTER  
TIGBAUAN, ILOILO

**REQUEST FOR REFUND**  
**MULTI-PURPOSE HALL (MPH)**

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

I hereby request for a refund on payment(s) made for the use of MPH. The rental did not push through due to the following reasons:

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

\_\_\_\_\_  
Signature over Printed name

\_\_\_\_\_  
(for HMO use)

Date of Event: \_\_\_\_\_

Date of Cancellation: \_\_\_\_\_

OR No. \_\_\_\_\_ Amount Paid (Downpayment) \_\_\_\_\_

OR No. \_\_\_\_\_ Amount Paid (Full payment) \_\_\_\_\_

Amount for Refund : \_\_\_\_\_

Computed by: \_\_\_\_\_  
\_\_\_\_\_

Approved for refund: \_\_\_\_\_  
Head, Administration & Finance Division

To be accomplished in three (3) copies:

Accounting Section

HMO  
Lessee

Control No. \_\_\_\_\_