



AQUACULTURE DEPARTMENT  
SOUTHEAST ASIAN FISHERIES DEVELOPMENT CENTER  
TIGBAUAN, ILOILO

MULTI-PURPOSE HALL (MPH)  
FULL PAYMENT FORM

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 fixed with the Lessee
- Informed/Provided security office of the event details with the list of contractors
- List of equipment to be brought by the Lessee

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

Processed by: \_\_\_\_\_

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

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