



AQUACULTURE DEPARTMENT
SOUTHEAST ASIAN FISHERIES DEVELOPMENT CENTER
TIGBAUAN, ILOILO

MULTI-PURPOSE HALL (MPH)
REQUEST FOR REFUND

Date of Request: _____

I hereby request for refund of my payment(s) for the use of MPH. The rental did not push through

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

Note: To be accomplished in three (3) copies: Accounting, Lessee, HBGMU

Control No. _____