



NATIONAL TVET TRAINERS ACADEMY

Marikina City

Tel. No. 655-7065/Telefax No. 655-6577



AVAILABILITY OF SCHEDULE FOR THE USE OF FACILITIES

Requesting Office/Organization \_\_\_\_\_

Address \_\_\_\_\_ Tel. No./s \_\_\_\_\_

Name of Contact Person/Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

AVAILABILITY OF FACILITIES

Available ( ) Not Available ( )

Prepared by:

Noted by:

RONNEL M. MIRASOL  
Admin. Officer III

FELICIDAD B. ZURBANO  
Director III



NATIONAL TVET TRAINERS ACADEMY  
Marikina City  
Tel. No. 655-7065/Telefax No. 655-6577



Annex 13b

FACILITIES RESERVATION FORM

Requesting Office/Organization \_\_\_\_\_  
 Address \_\_\_\_\_ Tel. No./s \_\_\_\_\_  
 Name of Contact Person/Authorized Representative \_\_\_\_\_  
 Purpose/Nature of Activity (Pls. tick):  
 Meeting (        )        Assembly (        )        Team Building (        )  
 Training (        )        Worship (        )        Others (Pls. specify) \_\_\_\_\_

RESERVATION DETAILS

Room/Area	Capacity	Rate per Hour		Date/Time of Event	Number of Expected Pax
		Day	Night		
Ylagan Hall	500 pax	Php300	Php400		
Session 1	40-50 pax	250	250		
Session 2	25-35 pax	250	250		
Conference Room	100-150 pax	400	400		
Chairs		7.50	7.50		

Note: All areas are provided with chairs except Ylagan Hall and Main Building Lobby.

ACKNOWLEDGEMENT

I hereby acknowledge and commit to conform and abide with the NTTA, TESDA Rules and Regulations regarding the use of facilities.

\_\_\_\_\_  
Signature Over Printed Name

Approved by:

FELICIDAD B. ZURBANO  
Director, NTTA

### NTTA, TESDA Rules and Regulations on Use of Facilities

1. Reservation for use of NTTA facilities must be made five working days before the actual event;
2. Request Form (Please see Annex A) shall be submitted to the NTTA Administrative Officer;
3. The Administrative Officer shall confirm in writing the availability of the facilities;
4. All requests must be approved by the NTTA Director;
5. The NTTA guard-on-duty shall check/inspect belongings of the participants for security reasons:
  - Drugs, deadly weapons, and other accident afflicting devices are prohibited; and
  - Registered firearms should be deposited to the guard-on-duty for safekeeping;
6. Bringing in and drinking alcoholic beverages are strictly prohibited. Smoking inside the NTTA premises is not allowed;
7. All equipment and furniture to be brought in during the event must be registered with the guard-on-duty for clearance and monitoring purposes;
8. All chairs, tables, and other fixtures must be properly arranged and accounted for after use;
9. All the facilities and surroundings must be properly cleaned after use. Proper waste disposal should be observed at all times;
10. Paraphernalias should be removed and properly disposed. Use of staple wire, contact cement or glue for mounting are strictly prohibited;
11. All lights and other electrical facilities must be switched off after use; doors must be securely locked;
12. The requesting party/end user shall be held accountable for any damages of the facilities;
13. Wearing of IDs of all participants during weekdays is a must;
14. Proper dress code should be observed;
15. In the event that there is a TESDA Conference/Seminar which will be in conflict with the date of event reserved, the NTTA has the right to re-schedule the reservation upon proper notification; and
16. The NTTA reserves the right to decline request for use of facilities if the aforementioned terms and conditions were previously not followed or observed by the requesting party.

TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY

No. : \_\_\_\_\_  
Date : \_\_\_\_\_

### ORDER OF PAYMENT

To the COLLECTING OFFICER  
NITA

Please issue Official Receipt in favor of \_\_\_\_\_  
(Name)  
\_\_\_\_\_ (Address/Office)

In the amount of \_\_\_\_\_ (P \_\_\_\_\_)

For the payment of \_\_\_\_\_

Per Bill No. \_\_\_\_\_  
Dated \_\_\_\_\_

Please deposit the collections under Bank

Account No.	Name of Bank	Amount
2012 4001 68	Land Bank	P _____
		P _____
		P _____

RONNEL M. MIRASOL  
Admin. Officer III, NITA

Tech Education and Skills Development Authority,  
National TVET Trailers Abadilla  
Mayor Chanaylhog St., Sta. Elena, Marikina City

### RESERVATION FORM

Ylagan Hall  Conference Room  Session Room I  Session Room II

Name: \_\_\_\_\_ Office \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Purpose: \_\_\_\_\_ Date \_\_\_\_\_  
Time \_\_\_\_\_

### BILLING STATEMENT

Charges P \_\_\_\_\_ /hour x \_\_\_\_\_ hours = P \_\_\_\_\_  
Charges P \_\_\_\_\_ /piece x \_\_\_\_\_ pieces = P \_\_\_\_\_

TOTAL = P \_\_\_\_\_

Approved by: \_\_\_\_\_

RONNEL M. MIRASOL  
Admin. Officer III, NITA

### COMMITMENT:

I promise to abide by the rules and regulations set by NITA-IESDA regarding the use of facilities.

Signature over printed name \_\_\_\_\_

### RECORDS OF PAYMENT

Amount Paid: \_\_\_\_\_  
Official Receipt No. \_\_\_\_\_  
Date: \_\_\_\_\_

Posted by:  
**LYN I DE GUZMAN**  
Collecting Officer

**RESERVATION FORM** DF No. 3

Duration: \_\_\_\_\_  
 Activity: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Nos.: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Address: \_\_\_\_\_

TESDA       Non-TESDA

**Type of Room**      **Rate/s per head/day**

Air-con Room      \_\_\_\_\_  
 Ordinary Room      \_\_\_\_\_

**Number of Guests**      **Type of Reservation**

Male             Temporary  
 Female             Confirmed  
 Total           

LYN I. DE GUZMAN  
Dormitory Manager

**RESERVATION FORM** DF No. 3

Duration: \_\_\_\_\_  
 Activity: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Nos.: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Address: \_\_\_\_\_

TESDA       Non-TESDA

**Type of Room**      **Rate/s per head/day**

Air-con Room      \_\_\_\_\_  
 Ordinary Room      \_\_\_\_\_

**Number of Guests**      **Type of Reservation**

Male             Temporary  
 Female             Confirmed  
 Total           

LYN I. DE GUZMAN  
Dormitory Manager

**RESERVATION FORM** DF No. 3

Duration: \_\_\_\_\_  
 Activity: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Nos.: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Address: \_\_\_\_\_

TESDA       Non-TESDA

**Type of Room**      **Rate/s per head/day**

Air-con Room      \_\_\_\_\_  
 Ordinary Room      \_\_\_\_\_

**Number of Guests**      **Type of Reservation**

Male             Temporary  
 Female             Confirmed  
 Total           

LYN I. DE GUZMAN  
Dormitory Manager

**RESERVATION FORM** DF No. 3

Duration: \_\_\_\_\_  
 Activity: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Nos.: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Address: \_\_\_\_\_

TESDA       Non-TESDA

**Type of Room**      **Rate/s per head/day**

Air-con Room      \_\_\_\_\_  
 Ordinary Room      \_\_\_\_\_

**Number of Guests**      **Type of Reservation**

Male             Temporary  
 Female             Confirmed  
 Total           

LYN I. DE GUZMAN  
Dormitory Manager

Technical Education and Skills Development Authority  
NATIONAL TVET TRAINERS ACADEMY

DF No. 1

**DORMITORY REGISTRATION FORM**

NAME: \_\_\_\_\_ Designation: \_\_\_\_\_  
 School/Office: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Training/Activity: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_

Annex 13e

**DURATION**

Date of Arrival	Time Check In	Date of Departure	Time Check Out	Room Number	Rate per Day

**BEDDINGS**

ISSUED				RETRIEVAL	
Blanket	Bed Sheet	Pillowcase	Pillow	All Complete:	
				Checked by:	

\_\_\_\_\_  
 Transient's Signature

\_\_\_\_\_  
 LYN I. DE GUZMAN  
 Dormitory Manager

**NOTE:** Soiled beddings should be surrendered an hour before checking out.  
 THE MANAGEMENT IS NOT RESPONSIBLE FOR YOUR VALUABLES.

Technical Education and Skills Development Authority  
NATIONAL TVET TRAINERS ACADEMY

**DORMITORY REGISTRATION FORM**

NAME: \_\_\_\_\_ Designation: \_\_\_\_\_  
 School/Office: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Training/Activity: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_

**DURATION**

Date of Arrival	Time Check In	Date of Departure	Time Check Out	Room Number	Rate per Day

**BEDDINGS**

ISSUED				RETRIEVAL	
Blanket	Bed Sheet	Pillowcase	Pillow	All Complete:	
				Checked by:	

\_\_\_\_\_  
 Transient's Signature

\_\_\_\_\_  
 LYN I. DE GUZMAN  
 Dormitory Manager

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 THE MANAGEMENT IS NOT RESPONSIBLE FOR YOUR VALUABLES.

Technical Education and Skills Development Authority  
**NATIONAL TVET TRAINERS ACADEMY**

DF No. 2

**Project/Activity:** \_\_\_\_\_

**Duration:** \_\_\_\_\_ **Office:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Contact Number/s:** \_\_\_\_\_

Room Number	PRINTED NAME	Arrival		Departure		SIGNATURE	REMARKS
		DATE	TIME	DATE	TIME		

**Certified Correct:**

**LYN I. DE GUZMAN**  
 Dormitory Manager I

Technical Education and Skills Development Authority  
National TVET Trainers Academy

**DORMITORY BILLING STATEMENT**

Dormitory File		Date
NAME	BILLING NO.	
SCHOOL	RM. NO.	
ADDRESS	RM. RATE	
ACCOMMODATION	Air-con Room	Ordinary Room
DURATION		AMOUNT
REMARKS	da/s lodging	
TIME	Check In	Check Out

**Ronnel M. Mirasol**  
Admin. Officer III

Technical Education and Skills Development Authority  
National TVET Trainers Academy

**DORMITORY BILLING STATEMENT**

*Cashier's Copy*

Dormitory File		Date
NAME	BILLING NO.	
SCHOOL	RM. NO.	
ADDRESS	RM. RATE	
ACCOMMODATION	Air-con Room	Ordinary Room
DURATION		AMOUNT
REMARKS	da/s lodging	
TIME	Check In	Check Out

**Ronnel M. Mirasol**  
Admin. Officer III

Technical Education and Skills Development Authority  
National TVET Trainers Academy

**DORMITORY BILLING STATEMENT**

*Dormitory File*

Dormitory File		Date
NAME	BILLING NO.	
SCHOOL	RM. NO.	
ADDRESS	RM. RATE	
ACCOMMODATION	Air-con Room	Ordinary Room
DURATION		AMOUNT
REMARKS	da/s lodging	
TIME	Check In	Check Out

**Ronnel M. Mirasol**  
Admin. Officer III

Technical Education and Skills Development Authority  
National TVET Trainers Academy

**DORMITORY BILLING STATEMENT**

*Cashier's Copy*

Dormitory File		Date
NAME	BILLING NO.	
SCHOOL	RM. NO.	
ADDRESS	RM. RATE	
ACCOMMODATION	Air-con Room	Ordinary Room
DURATION		AMOUNT
REMARKS	da/s lodging	
TIME	Check In	Check Out

**Ronnel M. Mirasol**  
Admin. Officer III