

IFUGAO STATE UNIVERSITY
Main Library
AUDIO VISUAL ROOM

RESERVATION SLIP FORM

Date of Reservation: _____

College/Department: _____

Actual Day: _____

Subject: _____

Time: _____ to _____

Number of students/participants: _____

PURPOSE:

Check Needed AV- Equipment:

_____ Amplifier
_____ Laptop
_____ LCD Projector
_____ LCD Screen
_____ Whiteboard
_____ White Board Marker

_____ Microphone
_____ Overhead Projector
_____ Stereo
_____ Extension Wire
_____ Others

Requisitioner
(Signature Over Printed Name/CP Number)

Approved by:

MARICEL A. AGLUSOLOS

AVR In-charge

Remarks after the activity:

NOTE:

1. Reservation must be done 2 days before using the AVR.
2. Please comply to the policies and guidelines in using the AVR.
3. All AV-equipment are strictly for **ROOM USE ONLY**.