

No. : _____
Date : _____

ORDER OF PAYMENT

The COLLECTING OFFICER
NETA

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 1001 68	Land Bank	P _____
		P _____
		P _____

RONNEL M. MIRASOL
Admin. Officer III, NETA

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, NETA

COMMITMENT:

I promise to abide by the rules and regulations set by NETA-TESDA 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**

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LYN I. DE GUZMAN
Dormitory Manager

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 Ordinary Room _____

Number of Guests **Type of Reservation**

Male Temporary
 Female Confirmed
 Total

LYN I. DE GUZMAN
Dormitory Manager

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

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

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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
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Ronnel M. Mirasol
Admin. Officer III

Technical Education and Skills Development Authority
National TVET Trainers Academy

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