

Authorization No.:



AUTHORIZATION TO USE SBMA OWNED AND MANAGED FACILITIES

I. To be accomplished by requesting Department/Office. Date: _____

NAME OF OFFICIAL/CO : _____

NO. OF PERSON : _____ VISITOR/S _____ SBMA REPRESENTATIVES _____

DATE (DURATION) OF VISIT : _____ NO. OF DAYS. _____

PURPOSE OF VISIT : _____

HOUSING ACCOMMODATION

USE OF FACILITIES

_____ No. of night (s)

_____ No. of rooms/units (s)

_____ Discount (%)

TOTAL DISCOUNT ALLOWED : _____

SPONSORING GROUP : _____

Department/Office

(Name & Signature of Group/Department/Unit Head)

2. Certified Available

NOLAN T. SUDARIO

Manager, LADD

3. Final Action/s

APPROVED

DISAPPROVED

REMARKS : _____



RENATO W. LEE, III
SDA for the Business & Investment

EDUARDO JOSE L. ALIÑO
Chairman and Administrator