



ADVERTISEMENT BROADCAST REQUEST FORM

Client Name/Product:	_____
Number of versions:	_____
Duration:	_____
Proposed time slots:	_____
Requestor: _____	Date: _____
Name and Signature	

REMARKS: _____

APPROVAL:

Requested/Cleared by:

Reviewed by:

Producer/Advertiser

MENANDRO B. MAGCALE
OIC- Station Manager

Approved for Broadcast:

ARMINA BELLEZA C. LLAMAS
OIC, Department manager

Control No. MPD-ABR- 22

