



PROMISSORY FOR REQUIRED DOCUMENT(S)

Instructions: Write all the entries legibly using print font and avoid any erasures. Use a check mark (✓) in filling up the boxes.

STUDENT'S PERSONAL AND ACADEMIC INFORMATION

Name : _____ ID Number: _____
Surname First Name 1st Name Ext. MI

Program: _____ Year Level: _____

I hereby **PROMISE** that I will submit to the Office of the Registrar of the Caraga State University (CSU) Main Campus the following document(s) on or before _____
Date (mm/dd/yy)

<input type="checkbox"/> Certificate of Transfer Credentials/Honorable Dismissal	<input type="checkbox"/> Philippine Statistics Authority PSA (formerly National Statistics Office NSO) Authenticated Copy of Birth Certificate
<input type="checkbox"/> Transcript of Records (TOR) from the previous School last admitted in before CSU with remarks, "Copy for CSU Valid as Transfer Credential"	<input type="checkbox"/> PSA Authenticated Copy of Marriage Contract
<input type="checkbox"/> Certificate of Good Moral Character issued by the school previously admitted in	<input type="checkbox"/> One (1) pc. recent 2x2 ID Picture
<input type="checkbox"/> Department of Education (DepEd) Form 138 (High School Report Card)	<input type="checkbox"/> Stamped Mailing Envelope
<input type="checkbox"/> Medical Certification of Fit to Study	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Chest X-ray Results	_____

I am also executing this document(s) to convey my understanding/agreement that my failure to submit the said documents on the said period/date will mean that I will be cleared from the Registrar's Office by the end of the _____
Sem./Term, AY

Done this _____ of _____ in CSU Ampayon, Butuan City.
date month & yr.

Signature Over Printed Name of the Student

Signature over Printed Name of the Staff of the Office of the Registrar

Date: _____ Date: _____

F-ENR-004 Registrar's Copy
 Rev. 0 07/01/2016



PROMISSORY FOR REQUIRED DOCUMENT(S)

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Sem./Term, AY

Done this _____ of _____ in CSU Ampayon, Butuan City.
date month & yr.

REFERENCE



ENLISTMENT OF COURSE(S)

Instructions: Write all the entries legibly using print font and avoid any erasures. Use a check mark (✓) in filling up the boxes. A maximum of ten (10) entries is allowed in this form. Refer to the back part. Refer to the back portion for the procedures/steps in the Enlistment of Course(s).

PERSONAL AND ACADEMIC INFORMATION

Name: _____ ID Number: _____
Surname First Name Lst Name Ext. MI

Program: _____ Year Level: _____

Sem./Term: First Second Summer Academic Year: _____ Date: _____
(this portion is to be accomplished only by the Program Adviser/Department Chairperson of the Home College where the Enrollee may enroll in)

Entry Status: New Student Old Student
 Conditional Unit Earner Returnee Unit Earner
 Transferee Cross Enrollee Returnee-Shiftee Cross Enrollee

Academic Status: Regular Warning Probationary Debarred

DETAILS ON COURSE(S) TO BE ENROLLED

COURSE(S)	UNITS	TIME	DAY(S)	ROOM
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL NO. OF UNITS =		APPROVED BY: _____ <small>Signature Over Printed Name of the program Adviser</small> Date: _____ <small>(mm/dd/yy)</small>		



ENLISTMENT OF COURSE(S)

Instructions: Write all the entries legibly using print font and avoid any erasures. Use a check mark (✓) in filling up the boxes. A maximum of ten (10) entries is allowed in this form. Refer to the back part. Refer to the back portion for the procedures/steps in the Enlistment of Course(s).

PERSONAL AND ACADEMIC INFORMATION

Name: _____ ID Number: _____
Surname First Name Lst Name Ext. MI

Program: _____ Year Level: _____

Sem./Term: First Second Summer Academic Year: _____ Date: _____
(this portion is to be accomplished only by the Program Adviser/Department Chairperson of the Home College where the Enrollee may enroll in)

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COURSE(S)	UNITS	TIME	DAY(S)	ROOM
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL NO. OF UNITS =		APPROVED BY: _____ <small>Signature Over Printed Name of the program Adviser</small> Date: _____ <small>(mm/dd/yy)</small>		

REFERENCE ONLY



STUDENT PERSONAL RECORD (SPR)

Instructions: Write all the entries legibly using print font.
Avoid any erasures.
Use a check mark (✓) in the space provided for.

STUDENT'S PERSONAL INFORMATION

Student's Name : _____ I.D. No.: _____ Sex: _____
Surname First Name (include name extension) Middle Name

Student Status : New Student Old Student
 Conditional Unit Earner Returnee Unit Earner
 Transferee Cross Enrollee Returnee-Shifttee Cross-Enrollee

Date of Birth: _____ Age: _____ Civil Status: _____ Citizenship: _____
Place of Birth: _____ Religion: _____
Current Address: _____ Home Address: _____
Contact No.: _____ Email Address: _____

STUDENT'S FAMILY RELATED INFORMATION

Father's Name: _____ Occupation: _____
Mother's Name: _____ Occupation: _____
Mother's /Father's Contact No.: _____ Estimated Family Annual Income: _____

Home Address: _____
City/Municipality: _____ Province: _____ Zip Code: _____ Country: _____
Person(s) Supporting the Education: _____ Relationship: _____
(if other than the parents) (Complete Name)

Parent(s), Sister(s), Brother(s) who is/are Alumni of CSU:		
Name	Program	Year Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent(s), Sister(s), Brother(s) who is/are currently enrolled in CSU:		
Name	Program	Year Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT'S OTHER SCHOLASTIC INFORMATION

Program enrolled in CSU: _____ Year Level: _____ Major: _____
Desired Programs to take/enroll in CSU:
1st Priority: _____ 2nd Priority: _____ 3rd Priority: _____

Elem. Sch.:	Address:	SY Graduated:
_____	_____	_____
_____	_____	_____

Secondary Sch.:	Address:	SY Graduated:
_____	_____	_____
_____	_____	_____

Award(s) Received: _____ GPA/GWA: _____
Sch. Last Attended: _____ Address: _____ Inclusive Yr: _____

STUDENT'S ADMISSION PLEDGE

In consideration of my admission in the Caraga State University (CSU) and of the privileges of my admission as a student, I hereby promise and pledge to abide by and comply with all the rules and regulations laid down by competent authority(ies) in the University. Refusal to take this pledge or violation of its terms shall be sufficient cause for summary dismissal or denial of admission.

Program & Year: _____ Signature Over Printed name _____



AUTHORIZATION

Instruction: Please write all your entries in PRINT font and use a check mark (✓) in filling up the boxes.

STUDENT'S PERSONAL AND ACADEMIC INFORMATION

Name: _____ ID No.: _____

Program: _____ Yr. Level: _____

Date (mm/dd/yyyy) _____

I being fully informed of the University policy on the Confidentiality of Student Records, do hereby authorize the Caraga State University (CSU) Main Campus, through the Office of the Registrar to share some of my personal information /records as follows:

- | | | |
|--|--|---|
| <input type="checkbox"/> Complete Name | <input type="checkbox"/> Father's Name | <input type="checkbox"/> Information reflected in the: |
| <input type="checkbox"/> Address | <input type="checkbox"/> Guardian's Name | <input type="checkbox"/> Transfer Credentials from School Previously Admitted |
| <input type="checkbox"/> Civil Status | <input type="checkbox"/> Spouse's Name | <input type="checkbox"/> Certificate of Good Moral Character |
| <input type="checkbox"/> Contact Number | <input type="checkbox"/> Estimated Family Monthly/Annual Income | <input type="checkbox"/> Others (please specify): _____ |
| <input type="checkbox"/> Email Address | <input type="checkbox"/> Information reflected in the: | |
| <input type="checkbox"/> Birth Date /Age | <input type="checkbox"/> DepEd Form 137-A (Report Card from 1st year Lo to 4th year High School) | |
| <input type="checkbox"/> Birth Place | <input type="checkbox"/> DepEd Form 138 (High School Card) | |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Transcript of Records (TOR) | |
| <input type="checkbox"/> Citizenship | | |
| <input type="checkbox"/> Mother's Name | | |

Such consent of sharing the aforesaid information is only done for purpose(s) of:

- | | |
|--|---|
| <input type="checkbox"/> Verification of Records for Employment | <input type="checkbox"/> University Graduate Tracer Study |
| <input type="checkbox"/> Application for Scholarships/Advance Study | <input type="checkbox"/> Others (please specify): _____ |
| <input type="checkbox"/> Research (provided its conduct is approved by authorized Officials of the University) | |

If the person executing the Waiver/Authorization is below 18 years old:

Student's Signature Over Printed Name

Parents'/Guardians' Signature Over Printed Name

F-ENR-003

Registrar's Copy

Rev. 07/01/2016



AUTHORIZATION

Instruction: Please write all your entries in PRINT font and mark with (✓) the appropriate boxes.

STUDENT'S PERSONAL AND ACADEMIC INFORMATION

Name: _____ ID No.: _____

Program: _____ Yr. Level: _____

Date (mm/dd/yyyy) _____

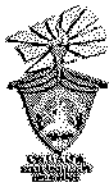
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| <input type="checkbox"/> Email Address | <input type="checkbox"/> Information reflected in the: | |
| <input type="checkbox"/> Birth Date /Age | <input type="checkbox"/> DepEd Form 137-A (Report Card from 1st year to 4th year High School) | |
| <input type="checkbox"/> Birth Place | <input type="checkbox"/> DepEd Form 138 (High School Card) | |
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Such consent of sharing the aforesaid information is only done for purpose(s) of:

- | | |
|--|---|
| <input type="checkbox"/> Verification of Records for Employment | <input type="checkbox"/> University Graduate Tracer Study |
| <input type="checkbox"/> Application for Scholarships/Advance Study | <input type="checkbox"/> Others (please specify): _____ |
| <input type="checkbox"/> Research (provided its conduct is approved by authorized Officials of the University) | |





TRAINING APPRAISAL REPORT

Trainee Name : _____
 Department/Position : _____
 Title of Training/Seminar : _____
 Date(s) of Training : _____
 Venue : _____
 Nature of Training () Skills () Knowledge () Refresher

Instruction: This appraisal report must be filled up by the Immediate Head. Please take a minute to rate your subordinate's ability to apply the objectives learned during the seminar.

Learning Objectives	Applied on The Job		Frequency*				Level of Success**				
	Yes	No	0	1	2	3	1	2	3	4	5
1.			0	1	2	3	1	2	3	4	5
2.			0	1	2	3	1	2	3	4	5
3.			0	1	2	3	1	2	3	4	5
* Frequency scale: 0 (never), 1 (once), 2 (often), 3 (all the time)											
** Success scale: 1 Not successful -- Very successful 5											
1. As a result of the training, my employee has been able to...											
2. What can the HR Department do to assist you in supporting your employee in applying the skills on the job?											
3. Overall, I believe my employee's performance has improved:											
<div style="display: flex; justify-content: space-between;"> Not at all Greatly </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 1 2 3 4 5 </div>											
4. Since the training, I believe my employee's performance has had an impact on the department by:											
5. Suggested Training(s):											

Rated By: _____

Date: _____

REFERENCE ONLY



TRAINING NEEDS SURVEY – NON-TEACHING POSITIONS

Name: _____ Date: _____

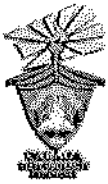
Job Position: _____ Dept/Div/Unit: _____

1. What do you think are the necessary skills needed for your job position?
2. Which skill/s do you think you need improvement on?
3. What computer software application do you think you are poor at?
4. What is the objective of your Department?
5. What task do you think your Department faces most challenges?
6. What management practice do you think would be best for your Department?
7. What good practices/technology have you observed in other organizations that should be implemented in your Department?
8. What good practices/technology have you observed in other organizations that should be implemented in your University?

In conclusion, what are your top 3 recommended trainings for this year?
1.
2.
3.

Prepared by:	Reviewed by:
	Dept/Div/Unit Head
Date:	Date:

REFERENCE ONLY



TRAINING NEEDS SURVEY – NON-TEACHING POSITIONS

Name: _____ Date: _____

Job Position: _____ Dept/Div/Unit: _____

1. What do you think are the necessary skills needed for your job position?
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In conclusion, what are your top 3 recommended trainings for this year?

- 1.
- 2.
- 3.

Prepared by:	Reviewed by:
	Dept/Div/Unit Head
Date:	Date:

REFERENCE ONLY



REFERENCE
ONLY



CARAGA STATE UNIVERSITY
Ampayon, Butuan City, 8600, Philippines

IN-HOUSE TRAINING RECORD

Training/Orientation Title:			
Date(s) Conducted:			
Conducted by:			
Venue:			
Topics:			
Learning Objectives:		How to evaluate?	When to evaluate? <i>(update the Training Map)</i>
Attendance:	Name	Position	Signature
Remarks:			

REFERENCE ONLY



CARAGA STATE UNIVERSITY
Ampayon, Butuan City, 8600, Philippines

TRAINING NEEDS SURVEY – TEACHING POSITIONS

Name: _____ Date: _____

Job Position: _____ Dept/Div/Unit: _____

1. What do you think are the necessary competence/knowledge needed for your field of specialization?

2. Which topic/s do you think you need further understanding on?

3. What is the objective/goal of your Division?

4. What do you think is/are the weakness/es of your Division?

5. What recent teaching methodologies do you think should be implemented in your Division?

6. What good practices/technology have you observed in other universities that should be implemented in your Division?

7. What good practices have you observed in other universities that should be implemented in your University?

In conclusion, what are your top 3 recommended trainings for this year?

- 1.
- 2.
- 3.

Prepared by:

Reviewed by:

Dept/Div/Unit Head

Date:

Date:

**REFERENCE
ONLY**



CARAGA STATE UNIVERSITY
Ampayon, Butuan City, 8600, Philippines

TRAVEL REPORT

Date: _____

Traveler/s	
Subject	
Dates of Travel	
Purpose:	

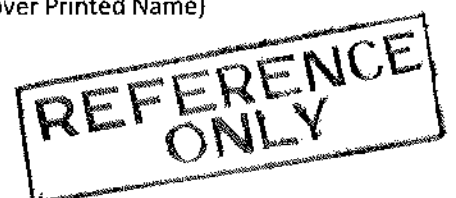
DETAILS OF THE TRAVEL

IMPORTANT NOTES

EXPENSES		
Item/s	Amount	Remark/s

Prepared by: _____

(Signature over Printed Name)





INTERVIEW QUESTIONNAIRE

Name of Interviewee: _____ Date: _____
Position Applied For: _____ Time: _____ to _____

**Instruction: Rate the response of the interviewee to the questions below. Write your comments in the space provided below. Compute for the average score and conclude your recommendation.*

		1 Poor	2 Very Poor	3 Satisfactory	4 Good	5 Excellent
Introductory Questions						
1	Tell me about yourself and what inspires you.					
2	Why have you applied for this post?					
3	What personal interests do you have that could be of value to the University?					
4	What does "teamwork" mean to you? Give an example.					
5	What distinguishes you from the other candidates?					
6	Tell me whom you would like to emulate. Why?					
7	What kind of school head would you like to work for?					
8	What are your career goals, short term and long term? Where do you see yourself in five years?					
Experience						
9	Tell me about your previous work experience. What were your primary responsibilities?					
10	What type of interactions did you have with other departments?					
11	Tell me about your experiences working with your current manager. What do you find the most challenging?					
12	What have you done at your present/last company to increase the company's revenues, reduce costs, or save time?					
13	Tell me about your computer skills.					
14	What other office equipment are you able to use? What software applications are you comfortable using? Have you had any involvement with introducing new systems or technologies to help improve performance within your previous company?					
15	Do you like working in the front lines of the University? What do you think that is?					
Work Personality						
16	Do you consider yourself a risk taker? (Give an example to back up your answer.)					
17	Are you a positive and energetic person? (Give an example to back up your answer.)					
18	Would you describe yourself as a team player or an individual achiever?					
19	How would you rank these in importance and why? Planning, discipline, methods, evaluation.					
20	How can you tell that a person is a good listener?					
21	Are you an objective person? Give an example.					
22	Do you like to be challenged? (Give an example to back up your answer.)					
23	Describe your philosophy regarding discipline.					
24	Are you able to multitask? Provide me with an example of what you might be juggling on an average day.					
25	Do you mind unexpected tasks?					





INTERVIEW QUESTIONNAIRE

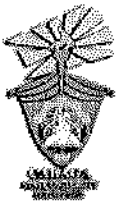
26	Do you consider yourself a brisk worker, or one who is slower paced yet persistent and consistent?					
27	How do you handle stressful situations?					
Personal Character						
28	What are your strengths? What are your weaknesses?					
29	Describe yourself with three adjectives and explain why they were chosen.					
30	What is your most successful accomplishment?					
31	If I were your school head and we were setting goals for next year, what would they be?					
32	What activities would you like to become involved in within our school, district, or community?					
33	What is the role of target setting?					
34	What makes a successful school?					
35	How would you support the values of this school?					
						TOTAL
						AVERAGE

Comments:

NOT RECOMMENDED RECOMMENDED TO: _____

Conducted by: _____

REFERENCE ONLY



TRAVEL ORDER

Date: _____

- New Request
 Change to Original Travel Order Number

TRAVEL INFORMATION

Traveler's Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number:	E-mail Address:
Department Name:	Position:

Travel Requested By:	
Date of Request:	Requestor's Campus Phone Number:

Type of Travel:

- Faculty Travel Staff Travel Candidate Travel Conference Travel
 Speaker Travel Team travel Group Travel Others: _____

Itinerary of Travel:

Start Date(s) of Travel (mm/dd/yyyy)	End Date (s) of Travel (mm/dd/yyyy)	Mode of Transportation	Place	
			From	To

Purpose of Travel

Traveler:	Noted by:	Approved by:
Date:	Date:	Date:





HR DEVELOPMENT PROGRAM

UPDATED AS OF: _____

FOR THE YEAR: _____

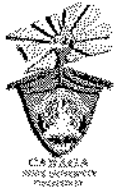
Objective: *To improve competence of personnel and achieve the set objectives and targets for the year.*

TRAINING	TYPE	NAME OF TRAINER AND TARGET DATE	TARGET PARTICIPANTS	BUDGET	REMARKS	EVALUATION OF EFFECTIVENESS TOOL (should not be more than 3 months)	TO BE EVALUATED ON	RESULTS
	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		P		<input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			
	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		A		<input type="checkbox"/> Rescheduled to _____ <input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			
	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		P		<input type="checkbox"/> Rescheduled to _____ <input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			
	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		A		<input type="checkbox"/> Rescheduled to _____ <input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			
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	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		A		<input type="checkbox"/> Rescheduled to _____ <input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			
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	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		A		<input type="checkbox"/> Rescheduled to _____ <input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			
	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		P		<input type="checkbox"/> Rescheduled to _____ <input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			
	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		A		<input type="checkbox"/> Rescheduled to _____ <input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			
	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		P		<input type="checkbox"/> Rescheduled to _____ <input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			
	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		A		<input type="checkbox"/> Rescheduled to _____ <input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			
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	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		P		<input type="checkbox"/> Rescheduled to _____ <input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			
	<input type="checkbox"/> In-House <input type="checkbox"/> for Outsourcing		A		<input type="checkbox"/> Rescheduled to _____ <input type="checkbox"/> Done, conducted on _____ <input type="checkbox"/> Postponed			

Prepared by : _____
 Date : _____

Approved by : _____
 Date : _____

REFERENCE ONLY



CARAGA STATE UNIVERSITY

AUDIT CHECKLIST

Process : _____
Project Name (if applicable) : _____
Reference Documents : _____
Auditor : _____
Auditees : _____
Audit Date(s) : _____

ISO 9001 Clause	PROCEDURE NOTE/REQUIREMENT	NOTES/REMARKS

**REFERENCE
ONLY**



CARAGA STATE UNIVERSITY

AUDIT CHECKLIST

ISO 9001 Clause	PROCEDURE NOTE/REQUIREMENT	NOTES/REMARKS



CARAGA STATE UNIVERSITY

CARE MONITORING

CARE No.	Problem Title	Follow up Dates	To Be Followed Up By	Status	Remarks

Legend:


No Action Yet


Started


In-Progress


Near Completion


Completed/Closed

Note:

1. Follow up date should be 1-2 days after immediate action implementation.
2. Corrective/Preventive Action is considered effective or closed if same nonconformance/potential nonconformance did not recur 1 month after corrective/preventive action implementation.



CARAGA STATE UNIVERSITY

CORRECTIVE/PREVENTIVE ACTION REPORT (CARE)

Date: October 13, 2016	CARE No.
------------------------	----------

Process : Financial Management System and Disbursement Administration Department/Section (what department was the finding observed?): Budget Office and Accounting Office	When discovered? <input type="checkbox"/> Accident/Incident Investigation <input checked="" type="checkbox"/> Work Place Inspection <input type="checkbox"/> Internal Audit <input type="checkbox"/> Other:	Fill this portion during Internal Audits Classification: <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Observation ISO 9001 Clause <i>fill this out if classification is major or minor:</i>
---	---	--

PERSON WHO DISCOVERED THE LAPSE/IMPROVEMENT OF AUDITOR	Details of <input type="checkbox"/> Non-Conformance <input checked="" type="checkbox"/> Area for improvement <i>(for non-conformances during internal audits, state the requirement-failure-evidence):</i> Budget Office: <ul style="list-style-type: none"> There should be a start and end of the planning process in the procedure manual indicating the expected output Sequence of budget planning shall be anchored with the colleges/unit head, action plan, university strategic plan Action planning (budget) shall be scheduled in earlier part of the year to be implemented in the next year. (i.e. planning and budgeting for 2017 shall be done last quarter of 2016) – serve as guide in planning and budgeting. Approve budget (higher/lower) NEP shall deliberate by the fiscal committee. Budget Office accepts consolidated budget proposal from the VP's Monitoring and evaluation tools or system in terms of absorptive capacity in every unit can be develop through IT. Filing system in drawer box (1st level) No document master list Presence of unnecessary supplies and materials No operation manual in air conditioner facility Re-painting of the Budget Office Accounting Office <ul style="list-style-type: none"> In the procedure manual, there should be a start and end of the planning process indicating the expected output Approving officer should be reflected in the responsibility person Title of the process can be approval of the disbursement voucher instead of disbursement administration 2 process has no feedback mechanism once decision is NO End process of the office indicating its responsibility and interface should be reflected Preparation and Approval of checks/LDDAP-ADA shall be a process in the Cashiers Office as a process owners Inconsistency in Box B and Box D in voucher forms Supporting documents based on COA circular accounting requirements for common govt. transaction 	
	Reported/Audited by: TOMAS M. AUSTRAL, Jr.	Date: November 24, 2016
	Noted by:	Date:
	Correction – immediate action to fix the existing problem:	Responsibility:
PROCESS OWNER (2) Fill this out only for non-conformance (include Analysis of Root Causes for Area for Improvement/Observation)	Analysis of root causes (use the why-why analysis):	
	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> REFERENCE ONLY </div>	



CARAGA STATE UNIVERSITY

CORRECTIVE/PREVENTIVE ACTION REPORT (CARE)

	Corrective Action –action to fix the root cause:	Responsibility:	Timeframe/Due Date:
	Prepared by:	Date:	
QMR/AUDITOR	Approved by:	Date:	
	Preventive Action – action to avoid occurrence;	Responsibility:	Timeframe/Due Date:
PROCESS OWNER (2) fill this out only for Observations and/or Improvement suggestion (include Analysis of Root Causes for Area for Improvement/ Observation)	Record(s) to be generated as a result of the corrective/preventive action(s) – be specific:		
	Prepared by:	Date:	
	Approved by:	Date:	
QMR/AUDITOR	Follow-up Conducted by: <i>(done after target completion dates of corrective/preventive actions are due)</i>	Date:	
	Remarks <i>(state the evidences seen for you to say that the proposed corrective and preventive actions have been implemented):</i>		
	Reviewed and confirmed effective by: <i>(done during next internal audit, during management review or at the most 3 months after corrective/preventive actions have been implemented)</i>		
	Remarks <i>(state the evidences seen for you to say that the non-conformance above have been effectively addressed):</i>		
	Close-Out Date:		

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CARAGA STATE UNIVERSITY

MANAGEMENT REVIEW MINUTES

Held on _____; ____ AM/PM
at _____

ATTENDEES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I. CALL TO ORDER

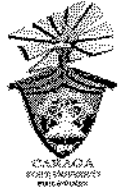
II. AGENDA/TOPICS

- A. Results of audits
- B. Customer feedback and satisfaction
- C. Process performance and product conformity
- D. Status of corrective and preventive actions
- E. Changes that could affect the management system
- F. Suggestions for improvement
- G. Review of the policy and implementation of Summary of Quality Objectives and Targets (F-PLN-002)
- H. Follow-up actions from previous management reviews

III. MINUTES OF THE MEETING

- A. Results of audits

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CARAGA STATE UNIVERSITY

MINUTES OF MEETING

Date of Meeting : _____
Venue/Time : _____
Attendees : _____

TOPICS	ISSUES	RESOLUTIONS	TIMETABLES

Prepared by : _____

REFERENCE ONLY



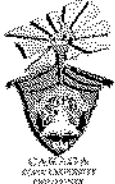
LEGAL COMPLIANCE CHECKLIST

Updated as of: _____

Regulatory Authority	Applicable Regulation or Permit or License	Requirements	Offices/s or Units Affected	Date of Expiry	Date Acquired / Renewed	Person-In-Charge	Status of Compliance
1.							
2.							
3.							

Prepared by: _____

REFERENCE ONLY



CARAGA STATE UNIVERSITY

INTERNAL AUDITOR EVALUATION

Name of Auditee : _____

Date of Audit : _____

Please indicate your performance rating of the auditor by ticking in the appropriate boxes against the headings listed. The results of this rating will be used to improve audit performance and the quality of our internal training program.

	Excellent (5)	Good (4)	Adequate (3)	Poor (2)	Very Poor (1)
Quality of communication prior to the audit.					
Communication with the Audit Team members					
Preparation by the auditor for the audit					
Knowledge of the Standard by the auditor					
Conduct/Attitude of the auditor					
Specific knowledge of your process by the auditor					
Your understanding of the findings of the auditor					
How would you rate the overall performance of the auditor					
Did the auditor arrive on time? (<i>encircle your answer</i>)	YES	NO			
Auditor's Name					

Written Comments: (where a rating is indicated as poor or very poor, please give your written comments below and any other comments you would like to bring to our attention).

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INTERNAL AUDITOR EVALUATION

REFERENCE
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LEGAL COMPLIANCE MONITORING CHECKLIST

Updated as of: _____

Regulatory Authority	Applicable Regulation or Permit or License	Requirements	Offices/s or Units Affected	Date of Expiry	Date Acquired / Renewed	Person-In-Charge	Status of Compliance
1.							
2.							
3.							

Prepared by: _____

REFERENCE ONLY



CARAGA STATE UNIVERSITY

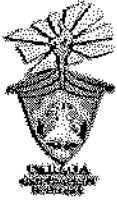
AUDIT PLAN

Date(s) of Audit:		
Reference Standard:		
Type:	<input type="checkbox"/> Regular/Full	<input type="checkbox"/> Special
Objective(s):		
Scope:		
Audit Team Members:		

Time	Process/Auditor	Process/Auditor
	Opening Meeting	
	Report Writing	
	Closing Meeting	

Prepared by:	Date:
Approved by:	Date:

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ONLY



CONSTRUCTION PROJECT DATA SHEET

PROJECT INFO

Project Name	:	
Project ID	:	
Project Code	:	
Project Location	:	
Contractor	:	
Contract Reference Number	:	
Contract Period	:	
Date Started	:	
Contract Expiry Date	:	

PROJECT TEAM

Project Manager	:		Contact # :	
Project Engineer	:		Contact # :	
Materials Engineer	:		Contact # :	
Surveyor	:		Contact # :	
Warehouseman	:		Contact # :	
Mechanic	:		Contact # :	
Safety Officer	:		Contact # :	

PAKYAW LABOR / SUBCONTRACTORS

Name	Contact Details	Number of Personnel	Scope of Work

CONSULTANTS

Name	Company	Scope of Work

REFERENCE ONLY



CARAGA STATE UNIVERSITY
Ampayon, Butuan City, 8600, Philippines

CONSTRUCTION PROJECT DATA SHEET

PROJECT ORGANIZATIONAL STRUCTURE

REFERENCE
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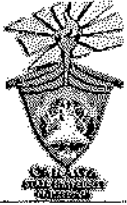
CONSTRUCTION PROJECT DATA SHEET

MOBILIZATION CHECKLIST

***please attach necessary supporting documents*

Checkpoint	Yes	No	N/A	Remarks
Check Required Documents:				
Project Information				
Contract Agreement				
Environmental Compliance Certificate (ECC) for the Project				
Permit to Operate for Gensets				
Performance Bond				
Project Specifications/Drawings				
Construction Schedule				
Manpower Utilization Schedule				
Equipment Utilization Schedule				
Project Budgetary				
Materials Quantity Take-Off				
Check Required Manpower, Materials, Equipment:				
Complete Project Team				
All needed project workers				
List of Heavy and Light Equipment				
List of Tools				
List of Subcontractors/ Manpower Utilization				
List of Suppliers				
Materials needed for the temporary facilities				
Temporary Facilities:				
Planning of the Construction of Temporary facilities				
Location of the temporary facilities has been cleared.				
Field Office				
Site Warehouse				
Motorpool (Repair and Parking Area)				
Bunkhouse				
Toilet and Bathroom				
Kitchen, Dining, Washing Area				
Drinking Water Supply				
Water and Power Supply				
Safety Issues:				
Fire extinguishers				
Security Officer/Watchman/Time Keeper				
Garbage Cans (for biodegradable, non-biodegradable, and hazardous wastes)				
Material Safety Data Sheets (MSDS) for chemicals				
Safety Signs and Barricades				
First Aid Kit				
Personal Protective Equipment (PPE)				
Other Activities:				
Site Survey				
Pre-construction Orientation				
Courtesy call to the local government				

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ANNUAL IGP EVALUATION

Business Name:	Business Location:
Industry:	Point Person:

Business Performance Measures				
Criteria	Previous Year	Target	Actual	Variance
Current Year's Revenue				
Current Year's Expenses				
Current Year's Income				
Others (please specify)				

What were the notable business good practices?

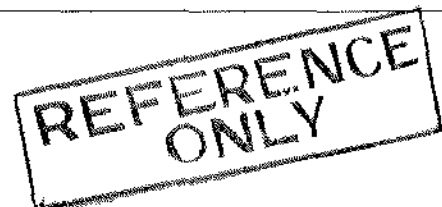
What were the major issues encountered?

Causes of variances? Lessons learned?

Other comments/improvements for next year (include developmental needs):

Prepared by:	Date:
Reviewed by:	Date:

Attachments:





Application Form for Space and Farm Rental

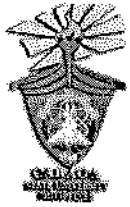
Applicant Information			
Name:			
(Surname)	(Given name)	Middle name	
Application Date:	C.Y.	Period: [] 1 st [] 2 nd [] Sum	Sex:
Current Address:			
Mobile No:	SSS No.	Voters ID no.	Ced No:
Reference Person:		Phone No:	
Employment Information			
Occupation:	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Employed	<input type="checkbox"/> Private <input type="checkbox"/> Government
Employer/company Name:			Contact No.
Company Address:			No. of years in Service:
Contact Person :		Phone No:	
Service Applied Information			
[Applying for:]	Status Service Applied :	Attachment:	
<input type="checkbox"/> Farm Rental – Lowland	<input type="radio"/> New <input type="radio"/> Renew	<i>Note: Please see at the back of this application form for the requirement of the service applied.</i>	
<input type="checkbox"/> Farm- Rental – Upland	<input type="radio"/> New <input type="radio"/> Renew		
<input type="checkbox"/> Space Rental- Stall Renter	<input type="radio"/> New <input type="radio"/> Renew		
<input type="checkbox"/> Space Rental- Mobile Vendor	<input type="radio"/> New <input type="radio"/> Renew		
<input type="checkbox"/> Space rental- Product Promotion			
For: Farm Rental – Lowland/Upland	Space Rental- Stall Renter	Space Rental- Mobile Vendor	Space rental- Product Promotion
<i>Please fill up the space below:</i>			
<ul style="list-style-type: none"> ▪ No of hectares applied :(Please specify) _____ _____ No. of cropping applied :(Please specify) _____ _____ ▪ Cropping Period :(Please specify) _____ _____ ▪ Types of Crop/s :(Please specify) _____ _____ 	<ul style="list-style-type: none"> ▪ Type of Business: <input type="checkbox"/> Food Services <input type="checkbox"/> Photocopy Services <input type="checkbox"/> School & Supplies Services <input type="checkbox"/> Computer <input type="checkbox"/> Encoding/Printing <input type="checkbox"/> Others: (Please Specify) _____ <input type="checkbox"/> _____ ▪ Terms of Occupancy: <input type="checkbox"/> One (1) year <input type="checkbox"/> 6mos& below _____ 	<ul style="list-style-type: none"> ▪ Type of Food Services: <input type="checkbox"/> Beverages: (Please Specify) _____ <input type="checkbox"/> Meals: (Please Specify) _____ <input type="checkbox"/> Others: (Please Specify) _____ <input type="checkbox"/> _____ ▪ Terms of Occupancy: <input type="checkbox"/> 3 mos & below <input type="checkbox"/> 6 mos 	<ul style="list-style-type: none"> ▪ Type of Product Promotion: <input type="checkbox"/> Advertising (Please Specify) _____ <input type="checkbox"/> Sales Promotion (Please Specify) _____ <input type="checkbox"/> Others: (Please Specify) _____ <input type="checkbox"/> _____ Company Name: _____ ▪ Duration of Promotion <input type="checkbox"/> One day & below _____ <input type="checkbox"/> 1 week & below _____
Signature Over Printed Name			Date: _____
OFFICE USE ONLY			
Application No: _____			
Application Received Date _____ Time _____		Application Received by: _____	
Application Evaluated By _____			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Reason/s: _____ Date _____ Time _____	

ACKNOWLEDGMENT RECEIPT		Client Copy
Application No: _____		
Applicant Name: _____		Type of Service Applied :
Application Received Date _____ Time _____		
Application Reviewed By _____		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Withdrawn <input type="checkbox"/> Applicant of Agent notified		<div style="border: 1px solid black; padding: 5px; font-size: small;"> <input type="checkbox"/> Farm Rental – Lowland <input type="checkbox"/> Farm- Rental – Upland <input type="checkbox"/> Space Rental- Stall Renter <input type="checkbox"/> Space Rental- Mobile Vendor <input type="checkbox"/> Space rental- Product Promotion </div>
		Date _____ Time _____

REFERENCE ONLY

Responsible Person	Process flow	Forms	Checklist Requirements for Rental Services Applied						
			FARM RENTAL - LOWLAND/UPLAND						
Client	<pre> graph TD Start([Start]) --> S1[Secure Application form to the office staff in charge] S1 --> S2[Provide the application form to the customer] S2 --> S3[Fill up the application form and submit to the staff in-charge] S3 --> S4[Receive and review the filled up application form from the client] S4 --> C1{Complete} C1 -- NO --> S5[Return the application form to the client (ORG Personnel)] S5 --> S6[Complete the date and the attachment required and submit to the staff in charge. (Client)] S6 --> C1 C1 -- YES --> S7[Encode in the system and release an acknowledgment receipt to the client] S7 --> S8[Receive the acknowledgment receipt which serves as slip for the follow up inquiry] S8 --> Done([Done]) </pre>	Rental Application Form	<table border="1"> <tr> <th>For Application</th> <th>For Approval/ Award/ Contract Signing</th> </tr> <tr> <td> New Applicant: <input type="checkbox"/> Filled-up Application Form <input type="checkbox"/> Valid ID <input type="checkbox"/> CEDULA _____ <input type="checkbox"/> others _____ </td> <td> New Applicant: <input type="checkbox"/> Approved Filled-up Application Form <input type="checkbox"/> Official Receipt <input type="checkbox"/> 2 valid ID& CEDULA _____ (photocopy) <input type="checkbox"/> 2 copies of 1x1 ID picture <input type="checkbox"/> others _____ </td> </tr> <tr> <td> Re-New Applicant: <input type="checkbox"/> Filled-up Application Form <input type="checkbox"/> Cleared account bill statement <input type="checkbox"/> valid ID <input type="checkbox"/> CEDULA _____ (photocopy) <input type="checkbox"/> Production Report <input type="checkbox"/> others _____ </td> <td> Re-New Applicant: <input type="checkbox"/> Approved Filled-up Application Form <input type="checkbox"/> Official Receipt <input type="checkbox"/> 2 valid ID& CEDULA _____ (photocopy) <input type="checkbox"/> 2 copies of 1x1 ID picture <input type="checkbox"/> others _____ </td> </tr> </table>	For Application	For Approval/ Award/ Contract Signing	New Applicant: <input type="checkbox"/> Filled-up Application Form <input type="checkbox"/> Valid ID <input type="checkbox"/> CEDULA _____ <input type="checkbox"/> others _____	New Applicant: <input type="checkbox"/> Approved Filled-up Application Form <input type="checkbox"/> Official Receipt <input type="checkbox"/> 2 valid ID& CEDULA _____ (photocopy) <input type="checkbox"/> 2 copies of 1x1 ID picture <input type="checkbox"/> others _____	Re-New Applicant: <input type="checkbox"/> Filled-up Application Form <input type="checkbox"/> Cleared account bill statement <input type="checkbox"/> valid ID <input type="checkbox"/> CEDULA _____ (photocopy) <input type="checkbox"/> Production Report <input type="checkbox"/> others _____	Re-New Applicant: <input type="checkbox"/> Approved Filled-up Application Form <input type="checkbox"/> Official Receipt <input type="checkbox"/> 2 valid ID& CEDULA _____ (photocopy) <input type="checkbox"/> 2 copies of 1x1 ID picture <input type="checkbox"/> others _____
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ORG personnel		Filled-up Rental Application Form and other attachment may required on the transaction applied	<table border="1"> <tr> <th>For Application</th> <th>For Approval/ Award/ Contract Signing</th> </tr> <tr> <td> New Applicant: <input type="checkbox"/> Filled-up Application Form <input type="checkbox"/> Valid ID <input type="checkbox"/> CEDULA _____ <input type="checkbox"/> others _____ </td> <td> New Applicant: <input type="checkbox"/> Approved Filled-up Application Form <input type="checkbox"/> Official Receipt <input type="checkbox"/> 2 valid ID& CEDULA _____ (photocopy) <input type="checkbox"/> 2 copies of 1x1 ID picture <input type="checkbox"/> others _____ </td> </tr> <tr> <td> Re-New Applicant: <input type="checkbox"/> Filled-up Application Form <input type="checkbox"/> Cleared account bill statement <input type="checkbox"/> Valid ID(photocopy) <input type="checkbox"/> CEDULA _____ (photocopy) <input type="checkbox"/> Business Proposal/overview <input type="checkbox"/> others _____ </td> <td> Re-New Applicant: <input type="checkbox"/> Approved Filled-up Application Form <input type="checkbox"/> Official Receipt <input type="checkbox"/> 2 valid ID& CEDULA _____ (photocopy) <input type="checkbox"/> 2 copies of 1x1 ID picture <input type="checkbox"/> Business permit (photocopy) <input type="checkbox"/> Sanitary permit (photocopy) <input type="checkbox"/> Health Certificate ID (seller & owner) photocopy <input type="checkbox"/> Business Profile <input type="checkbox"/> others _____ </td> </tr> </table>	For Application	For Approval/ Award/ Contract Signing	New Applicant: <input type="checkbox"/> Filled-up Application Form <input type="checkbox"/> Valid ID <input type="checkbox"/> CEDULA _____ <input type="checkbox"/> others _____	New Applicant: <input type="checkbox"/> Approved Filled-up Application Form <input type="checkbox"/> Official Receipt <input type="checkbox"/> 2 valid ID& CEDULA _____ (photocopy) <input type="checkbox"/> 2 copies of 1x1 ID picture <input type="checkbox"/> others _____	Re-New Applicant: <input type="checkbox"/> Filled-up Application Form <input type="checkbox"/> Cleared account bill statement <input type="checkbox"/> Valid ID(photocopy) <input type="checkbox"/> CEDULA _____ (photocopy) <input type="checkbox"/> Business Proposal/overview <input type="checkbox"/> others _____	Re-New Applicant: <input type="checkbox"/> Approved Filled-up Application Form <input type="checkbox"/> Official Receipt <input type="checkbox"/> 2 valid ID& CEDULA _____ (photocopy) <input type="checkbox"/> 2 copies of 1x1 ID picture <input type="checkbox"/> Business permit (photocopy) <input type="checkbox"/> Sanitary permit (photocopy) <input type="checkbox"/> Health Certificate ID (seller & owner) photocopy <input type="checkbox"/> Business Profile <input type="checkbox"/> others _____
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For Application	For Approval/ Award/ Contract Signing								
New Applicant: <input type="checkbox"/> Filled-up Application Form <input type="checkbox"/> Valid ID <input type="checkbox"/> CEDULA _____ <input type="checkbox"/> Business Letter <input type="checkbox"/> others _____	New Applicant: <input type="checkbox"/> Approved Filled-up Application Form <input type="checkbox"/> Official Receipt <input type="checkbox"/> Others _____								
Client	Done		<table border="1"> <tr> <th>For Application</th> <th>For Approval/ Award/ Contract Signing</th> </tr> <tr> <td> New Applicant: <input type="checkbox"/> Filled-up Application Form <input type="checkbox"/> Valid ID <input type="checkbox"/> CEDULA _____ <input type="checkbox"/> Business Letter <input type="checkbox"/> others _____ </td> <td> New Applicant: <input type="checkbox"/> Approved Filled-up Application Form <input type="checkbox"/> Official Receipt <input type="checkbox"/> Others _____ </td> </tr> </table>	For Application	For Approval/ Award/ Contract Signing	New Applicant: <input type="checkbox"/> Filled-up Application Form <input type="checkbox"/> Valid ID <input type="checkbox"/> CEDULA _____ <input type="checkbox"/> Business Letter <input type="checkbox"/> others _____	New Applicant: <input type="checkbox"/> Approved Filled-up Application Form <input type="checkbox"/> Official Receipt <input type="checkbox"/> Others _____		
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			SPACE RENTAL - STALL RENTER/ MOBILE VENDOR						
			SPACE RENTAL PRODUCT PROMOTION						

REFERENCE ONLY



IGP COMPLETION REPORT

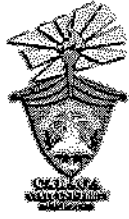
Causes of variances? Lessons learned?

Other comments/improvements for next IGP (include developmental needs):

Prepared by:	Date:
Reviewed by:	Date:

Attachments:

REFERENCE ONLY



MONTHLY ACCOMPLISHMENT REPORT

For the Month of _____ Year _____

IGP Name:				Project-in-Charge:											
Cash-on-Hand:			Cash Deposited:			Accounts Receivable:				Month-end Inventory:					
Products	Week 1		Week 2		Week 3		Week 4		Week 5		Week 6		Total in Qty.		
	Prod.	Sales	Prod.	Sales	Prod.	Sales	Prod.	Sales	Prod.	Sales	Prod.	Sales	Prod.	Sales	
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
Total in Qty.															
Total Sales in Pesos															

Production Expenses:			
1.	=	_____	
2.	=	_____	
3.	=	_____	
4.	=	_____	
5.	=	_____	
6.	=	_____	
7.	=	_____	= _____
Other Expenses:			
1.	=	_____	
2.	=	_____	
3.	=	_____	
4.	=	_____	
5.	=	_____	= _____
Total Expenses	=	_____	

Remaining Supplies:	Qty.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

TOTAL SALES _____

TOTAL EXPENSES (_____)

PROFIT _____

REFERENCE ONLY



CARAGA STATE UNIVERSITY
Ampayon, Butuan City, 8600, Philippines

BORROWER SLIP - ORGMS

Name: _____
Designation: _____

Date: _____
Type of Borrower: External: _____
Internal: _____

ITEMS	QTY	REMARKS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Signature of Borrower

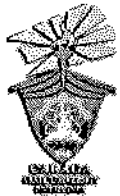
FACILITIES	RATE	UNIT COST FOR DAMAGED
1. Monobloc chairs	Old- 4.00/pc/day; new -10.00/pc/day	
2. Monobloc tables	10.00/pc/day	
3. Electric fan	100.00 unit/day	
4. Sound system	1,500.00/unit/day	

Approved by:

Director, ORGMS

F-RGE-009
Rev. 0 07/01/2016

Curator's Copy



CARAGA STATE UNIVERSITY
Ampayon, Butuan City, 8600, Philippines

BORROWER SLIP - ORGMS

Name: _____
Designation: _____

Date: _____
Type of Borrower: External: _____
Internal: _____

ITEMS	QTY	REMARKS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

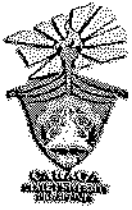
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Approved by:



F-RGE-009
Rev. 0 07/01/2016



CARAGA STATE UNIVERSITY
Ampayon, Butuan City, 8600, Philippines

LIST OF INCOME-GENERATING PROJECTS

No.	IGP Name	Proponents	Project-in-Charge
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

F-RGE-002
Rev. 07/01/2016

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Expected Ave. Monthly Income	Remarks

REFERENCE
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REQUISITION NO: _____



CARAGA STATE UNIVERSITY
 Ampayon, Butuan City, 8600, Philippines

Application Form for Facilities Rental

(INTERNAL REQUISITIONER)

CUSTOMER INFORMATION
 (Please Print Legibly)

DATE: _____
 NAME OF REQUESTING OFFICER: _____
 POSITION: _____
 COLLEGE/UNIT: _____
 CONTACT NO.: _____
 CONTACT PERSON: _____

EVENT INFORMATION

DATE COVERAGE	EVENT	INCLUSIVE TIME
_____	_____	TO _____
_____	_____	TO _____
_____	_____	TO _____
_____	_____	TO _____

SERVICE REQUEST INFORMATION

RENTAL OF FACILITIES, EQUIPMENT, ETC.	RATE	QUANTITY	NO. OF DAYS UTILIZED	DATE TO BE RETURNED	REMARKS
<input type="checkbox"/> Monobloc chairs (new)					
<input type="checkbox"/> Monobloc chairs (old)					
<input type="checkbox"/> Monobloc tables					
<input type="checkbox"/> Electric fan					
<input type="checkbox"/> Sound System					
<input type="checkbox"/> Classroom					
<input type="checkbox"/> Others (Please Specify)					

RENTAL OF VENUES	RATE	QUANTITY	NO. OF DAYS UTILIZED	DATE TO BE RETURNED	REMARKS
<input type="checkbox"/> Gymnasium			1		
<input type="checkbox"/> Technovation Center					
<input type="checkbox"/> Conference Room					
<input type="checkbox"/> Playground					
<input type="checkbox"/> Basketball Court					
<input type="checkbox"/> Volleyball Court					
<input type="checkbox"/> Others (Please Specify)					

I agree to abide with the rules & regulations issued by the Caraga State University including, the payment of the utility bills (if any), facilitate the restoration of facilities used & the proper disposal of waste and other related materials.

Printed Name Over Signature of Customer _____

Checked & Validated by:

EMMANUEL F. NONO, DVM
 Director, Office for Resource Generation & Management Services

Approved by:

ARMIE LEILA M. MORDENO, CSEE, DPA
 VP for Administration

Acknowledged by: _____

(Incharge of Venue/ facilities)

REQUISITION NO: _____

ACKNOWLEDGMENT RECEIPT

SERVICES REQUESTED: Use of Venue Use of Facilities Others

Place: _____ Date: _____
 Event: _____
 Name of Requisitioner: _____ Signature: _____
 Title: _____ TO _____

ACTION TAKEN: APPROVED DISAPPROVED

Reason: _____

EMMANUEL F. NONO, DVM
 Director, Office for Resource Generation & Mgt Services

CLEARANCE

Name of Requisitioner: _____
 Event: _____
 Date of Event: _____

SERVICES REQUESTED

Use of Venue: Cleared
 Use of Facilities: Returned
 Date Cleared: _____
 Remarks: _____

Cleared by: **EMMANUEL F. NONO, DVM**
 Director, Office for Resource Generation & Mgt Services

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