



DISCUSSION ROOM BOOKING FORM

***Note:** All bookings must be made at least three (3) days before the required date.

REQUESTER'S DETAILS

Name: _____ ID. No: _____

Faculty/Division/Programme: _____ Contact No./Ext: _____

Duration Required: From (time) _____ to (time) _____ duration (hour/hours): _____

Date: _____ No. of Person: _____

Purpose of Booking: _____

****Please fill in the details below (Approval is only given if more than 5 person)***

No.	Name	ID No.	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

(If more than 10 person, please attach the Name list & ID)

Requester's Signature: _____ Date: _____

APPROVAL (OFFICE USE)

Received by:

Approved by:

Signature : _____ Signature : _____

Date : _____ Date : _____

Classroom: _____