

INSTITUTE OF BIOLOGY

College of Science, University of the Philippines Diliman
Diliman, Quezon City 1101

REQUEST SLIP

Date: _____ Time: _____

For:

- Service Room _____
 Supply
 Use of equipment, specify: _____
 Others, specify: _____

Purpose: _____

Date and Time Required: _____

Name of Requesting Party: _____

Endorsed by: _____

(Name & Signature)

ACTION:

- Approved
 Disapproved for the following reason(s):

Comments/Reminders: _____

Administration

Copy for the Requester

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Copy for the IB Administration Office

UNIVERSITY OF THE PHILIPPINES
INSTITUTE OF BIOLOGY

AUTHORIZATION PASS

VALID ONLY ON THE AUTHORIZED DATE

Authorization granted to:

Surname First Name M.I.

To enter the premises of:

Office: _____

On _____
(Date/Day)

From _____ to _____
(Time)

Purpose of entry:

Authorized by:

Head of Unit

Date

Please accomplish in duplicate for office file and for guard on duty.

UNIVERSITY OF THE PHILIPPINES
INSTITUTE OF BIOLOGY

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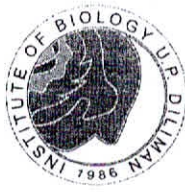
Purpose of entry:

Authorized by:

Head of Unit

Date

Please accomplish in duplicate for office file and for guard on duty.



INSTITUTE OF BIOLOGY
College of Science
University of the Philippines



GATE PASS

SIR/MADAM:

Please allow _____ to take-out the following:

Reason:

- Borrowed from Institute of Biology
 Personal Property
 Property of _____
 Others _____

Approved by:

ANNABELLE B. ELECHI
Supply Officer

Requested by: _____

NOEL A. LUMBRE
Administrative Officer

Noted: _____
Signature over printed name

Guard on duty: _____
Date: _____ Time: _____

LUIS MARIA B. GARCIA, Ph.D.
Deputy Director for Administration



INSTITUTE OF BIOLOGY
College of Science
University of the Philippines



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Administrative Officer

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Date: _____ Time: _____

LUIS MARIA B. GARCIA, Ph.D.
Deputy Director for Administration