**Control No.**

 **Date:**

**SEND-OFF CELEBRATION REQUEST FORM**

|  |
| --- |
| **I. CONTACT INFORMATION OF THE PERSON REQUESTING** |
| Name:  | Position:  |
| Department/Unit/College:  | Contact Number:  |
| **II. COURSE INFORMATION** (Please tick box for type of celebration) |
| Name of Retiree:  |
|   Face-to-face Send-off Virtual Send-off Hybrid Set-up Send-off (Face-to-face and Virtual)  |
| Date: | Time: |
| Emcee/s: | Venue (if face-to-face): |
| Platform to be used (if virtual):  | Target No. of Participants: |
| Theme: *Note:*  *Face-to-face & Hybrid Set-up must follow minimum health standard, including the number of participants a venue can accommodate.*  |
| **III. PARTICIPANTS & INVITED GUESTS /CONTACT DETAILS**  |
| Supervisor:Contact Number/s: Colleagues: Contact Number/s:Family Members: Contact Number/s:Friends: Contact Number/s:Others: Contact Number/s: |
| **IV. OFFICIALS,COLLEAGUES AND FRIENDS WHO WILL GIVE MESSAGES**  |
|  Name Contact Number/s |
| **V. FUNDS AVAILABILITY** (Please tick the appropriate box) |
|  | Funded (please indicate amount)  |
|  Not funded (please indicate amount) Not applicable\* |
| **VI.** **BREAKDOWN OF BUDGET** |
|  |
| **VII. ATTACHMENTS** (may tick more than one) |
| Retirement Letter Request Letter Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NoREQUESTED BY: |  |  | ***Note:Please submit the accomplished form 1 month prior to the requested date for sufficient Procurement processing time of materials needed.*** |  |  |  |  |  |  |
| Director/Office Head/Dean:  |  |  |
|  Signature over Printed Name  |
| **RECOMMENDING APPROVAL:** |  |  |  |  |  |  |  |
|   HRDMO Director Finance Office Director  |
|   |
| Vice President (AF/AA/RDE) |
| **APPROVED:** |
|  |   |
| University President |