**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| No  REQUESTED 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 | | | | | | | | | | | |