**KATHMANDU UNIVERSITY**

**KUIC**

***Room Booking Form***

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| --- |
| **Detail of the Guest** |
| **Guest Name:** |  |
| **Date of the Booking:** |  From: To: |
| **Contact No. & Email Id** |  |
| **Guest No.:**  | **Total Day.:** | **Total Room.:** |
| Cost: Per Night Rs 800/- |  |
| Total Cost: |  |
| **\*Expenses Bear By:** |  |
| **Requested By:****Signature:****Name:****Date:**  | **Approved By**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:****Name:** **Dean/ Associate Dean/ Director of: …………………………….Date:**  |

 **CC:**

* School Administration (Send to account)
* Central Office: General Services (Send to account)

**\* Must be filled**

**Instruction to be strictly followed:**

1. **Should provide the form to the KUIC and School Administration a day before the room book.**