**KATHMANDU UNIVERSITY**

**KUIC**

***Room Booking Form***

|  |  |  |
| --- | --- | --- |
| **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.**