



The Islamia University of Bahawalpur
University Guest House (Old Campus) Ph.No:062-9250056
Guest Room Requisition Form

1. REQUISITED BY:

Name: _____ Designation: _____

Cell No: _____ Signature: _____

Special Request if any: _____

Requisition Detail: Complimentary On Payment
No of Guests No of Rooms Required

2. FOCAL / RESOURCE PERSON OF REQUISITE (IF ANY)

Name: _____ Designation: _____

Cell No: _____

3. PARTICULARS OF GUEST:

Guest Name: _____ Designation: _____

Organization: _____ Cell No: _____

Additional Guest: _____ Organization: _____

Arrival Date: _____ Departure Date: _____

4. APPROVAL For Office Use Only

Approved Complimentary Not Approved
On Payment

Remarks: _____

PRINCIPAL OFFICER
University Guest House

Incharge University Guest House

Room Number _____

Dated _____

Amount Received _____

Cheque Number /Draft _____

Deposited in IUB account vide Challan No: _____

Incharge Guest House _____