

 MAPUA UNIVERSITY	GATE PASS FORM	Document No. : FM-CD-03-02
		Effective Date: January 01, 2018

Date: _____ GP No. _____
Name: _____ Department/ Company: _____

This is to authorize the bearer to bring IN ☐ OUT ☐ the following item/s on _____

No.	Item Description	Qty.	Unit	Remark

Purpose :

Requested by / Date:	Approved by / Date:	Released by / Date:	Checked by/Date:
Authorized Signatory	CDM Head <i>roo</i>	Guard on Duty	Security Officer
Remarks: (To be filled up by Security)			

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