

**GAP Form 013: REQUEST FORM FOR THE USE OF LIVING ASSETS AND
OTHER FACILITIES**

Reference No.: _____

Date: _____

THE MANAGEMENT

CLSU-AFTBI, Science City of Munoz
Nueva Ecija

Dear Sir/Madam:

May we request the use of the following live assets of our agricultural production activities

Target Date	Duration	Purpose/Activity	Living Asset/ Facility Needed

Requested by: _____ Contact No: _____

(Printed Name & Signature)

Type of Incubatee: _____ Pre- Incubatee _____ Incubatee _____ Locator
_____ Walk-In Incubatees _____ Others (pls. specify)

(To be filled up by AFTBI Management)

**This is to approve the request of _____
regarding the use AFTBI Facilities as stated.**

Restrictions/Remarks (if any):

_____.

Approved by: DR. PABLO J. RAFAEL, JR. Date: _____
Director, CBDO