

GATE PASS

Date:

Name of Authorized Representative:		
Company Name:		Name of Transaction: <input type="checkbox"/> Pull Out <input type="checkbox"/> Delivery
SPECIFICATIONS		
Quantity/Unit	Item Description (Describe item in detail)	Remarks
Approved by Owner/Tenant	Inspected by Guard-on-Duty	Approved by Property Manager/Building Engineer
Print Name:	Print Name:	Print Name:
Unit No.:	Signature:	Signature:
Date:	Date:	Date:
Signature:	Time:	Valid up to:

Note: Gate Pass Approval is from Monday to Friday, 8:00 AM to 12:00 NN only.
Except holidays, Secure gate pass approval 24 hours prior to actual pull out or delivery

Rev1

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