	Form Number:		Revision Number:		Effectivity Date:	
W BGC	FR-HRD-014		00		May 2, 2019	
	Form Title: OFFICIAL BUSINESS FORM					
	***** TO B	E SUBMITTED 1 I	DAY BEFORE THE SO	CHEDULED OB ****	*	
Company: Purpose:	☐ WLI ☐ Training		☐ PRI☐ Others			
Name: NIKKA VILLAGANES		Department: FMTCC	2	Date Filed:	\2t	Date of OB:
1. Purpose: Ha	ncom or rort					-
Contact Person / Contact No. 」れいて	1 ELGNERED	Destination: ជ	MA	Time In: 195	5	Time Out:
2. Purpose:				•		4
Contact Person / Contact No.		Destination:		Time In:		Time Out:
3. Purpose:						
Contact Person / Contact No.		Destination:		Time In:		Time Out:
4. Purpose:			Tonormon management	, , , , , , , , , , , , , , , , , , , 		
Contact Person / Contact No.		Destination:		Time In:		Time Out:
Prepared by:	11/1/1/200/11	Approved by:		1 D G/11/24	Noted by:	
IAMES VITA	TO THE O LOCAL CALL		ANES / CRISANTO I		Н	R Analyst - Timekeeping
	(Itemized		L BUSINESS REPORT	T bmitting OB Form)		
ITEMIZED ACTIVITIES				RESULTS (DONE OR PENDING	G)	SIGNED BY CONTACT PERSON
Mancom Or 2024						JA SON JA GUERRA OL-11-24
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Note: OB Form must be submitted not be honored as official.	2 days after with attached report/mi	nutes. Failure to acco	mplish this form complete	ely shall mean non-payme	ent of any expe	nses incurred by the employee and shall
	· · · · · · · · · · · · · · · · · · ·		Approved by: NES / CRISANTO DE	11/24 LACRUZ 11/24		-
	***	Immediate He	ead / Head of Business	s Unit		