

WGI WHI - HO

WLI PRI · WHI Carmona

CCC

MRDC SPAI

FMPI/FMTCC

Form Title:

OFFICIAL BUSINESS FORM

***** TO BE SUBMITTED 1 DAY BEFORE THE SCHEDULED OB *****

Name:	Department:	Date Filed:	Date of OB:	
EMMANUEL NOVERO	MD	5/16/24	5/16/24	
1. Purpose: AEPLACEMENT OF	DATTERY of UPS			
Contact Person / YANDRA BELEND Contact No.	Destination: WCC	Time In: 1420H	Time Out:	
2. Purpose: CHECKING OF CCTV Contact Person / MO NI CF) CA CHUMBU Contact No.	MONITORING			
Contact Person / Mo NI CF CA (HVMB) Contact No.	Destination:	Time In: 1632H	Time Out:	
3. Purpose:				
Contact Person / Contact No.	Destination:	Time In:	Time Out:	
4. Purpose:				
Contact Person / Contact No.	Destination:	Time In:	Time Out:	
Prepared by:	Approved by:	Noted	by:	
Employee's Signature	Immediate Head / Head of Busin		HR Analyst - Timekeeping	
Signature over Printed Name/Date	Signature over Printed Name/Date	e S	ignature over Printed Name/Date	

OFFICIAL BUSINESS (Itemized Activities to be filled out be	1, A T A () T (1, A () A (
ITEMIZED ACTIVITIES	RESULTS (DONE OR PENDING)	SIGNED BY CONTACT PERSON
- PEPLAGENENT OF 7 UNITS BATTERY	DONE	- X mb 5/16/24
OF UPS AT COMMAND CENTER PC		/
MONITORINA		
- CHECKING OF MONITOR OF CON	DUE	- I Volugio
(RECOMMENDATION: REPUDATMENT)		

Note: OB Form must be submitted 2 days after with attached report/minutes. Failure to accomplish this form completely shall mean non-payment of any expenses incurr	ed by the
employee and shall not be honored as official.	**************************************

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	Approved by SS (M)	
	/ Infinediate Flead / Flead of Business Offic	
ED HDD 013a	/ // /	Dogo 1 of 1

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