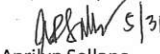
	Subsidiaries and Affiliates		
	<input type="checkbox"/> WGI <input checked="" type="checkbox"/> WHI - HO <input type="checkbox"/> WLI <input type="checkbox"/> PRI	<input type="checkbox"/> WHI Carmona <input type="checkbox"/> CCC <input type="checkbox"/> MRDC <input type="checkbox"/> SPAI	<input type="checkbox"/> FMPI/FMTCC <input type="checkbox"/> PBI <input type="checkbox"/> Others:
Form Title: OFFICIAL BUSINESS FORM			

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

Name: Aprilyn Sollano	Department: International Sales	Date Filed: May 31, 2024	Date of OB: June 3, 2024
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1. Purpose: Attend an external training entitled "Learning to Lead Amid Chaos"			
Contact Person: Training for Less Contact No.: 8524-4225	Destination: Tiara Oriental Hotel, Makati	Time In: 8:00 AM	Time Out: 5:30 PM
2. Purpose:			
Contact Person / Contact No.	Destination:	Time In:	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:


Aprilyn Sollano

Employee's Signature

Signature over Printed Name/Date

Approved by:


Arra Quiros

Immediate Head / Head of Business Unit

Signature over Printed Name/Date

Noted by:


5/31/24

HR Analyst - Timekeeping

Signature over Printed Name/Date

OFFICIAL BUSINESS REPORT (Itemized Activities to be filled out before submitting OB Form)		
ITEMIZED ACTIVITIES	RESULTS (DONE OR PENDING)	SIGNED BY CONTACT PERSON
Attend the Seminar "Learning to Lead Amid Chaos"		

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 incurred by the employee and shall not be honored as official.

Approved by:
_____ Immediate Head / Head of Business Unit