


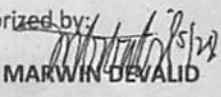
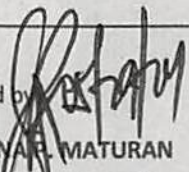

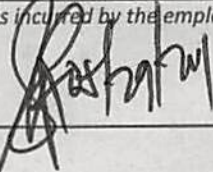


|   |                                       |  |   |   |
|---|---------------------------------------|--|---|---|
|   | <b>STAFFERS PROVIDER OF ASIA INC.</b> | <b>OFFICIAL BUSINESS FORM</b><br>FR-HRD-22rev08  | <input type="checkbox"/> WGI<br><input type="checkbox"/> WHI<br><input type="checkbox"/> MRDC<br><input type="checkbox"/> Others: |  |
| (To be submitted 3 days before the scheduled OB)  |                                       |  |   |   |
| <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Training         <input type="checkbox"/> Plant Visit         <input checked="" type="checkbox"/> XXXX         Others       </div>   |                                       |  |   |   |
| <b>Name</b><br>MEA ANN VILLANUEVA   |                                       | <b>Department</b><br>ADMIN   |   | <b>Date Filed</b><br>29-May-24  |
|   |                                       |  |   | <b>Date of OB</b><br>28-May-24  |
| <b>1. PURPOSE</b><br>OCCULAR VISIT & CHECKING OF MATERIALS  |                                       |  |   |   |
| <b>Contact Person /</b><br>RESTY  |                                       | <b>Destination :</b> ONE Summit MANDALUYONG  |   | <b>1:34 PM</b>  |
| <b>Contact No:</b>  |                                       |  |   | <b>4:38 PM</b>  |
| <b>2. PURPOSE</b>   |                                       |  |   |   |
| <b>Contact Person /</b><br>Contact No:  |                                       | <b>Destination :</b>   |   | <b>IN</b>   |
|   |                                       |  |   | <b>OUT</b>  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <br/> <b>MEA ANN VILLANUEVA</b><br/>           Employee's Signature         </div> <div style="width: 20%;">           Authorized by:<br/> <br/> <b>MARWIN DEVALID</b><br/>           Admin/Marketing Head         </div> <div style="width: 20%;">           Approved by:<br/> <br/> <b>EUFROCINA R. Maturan</b><br/>           President         </div> <div style="width: 20%;">           Noted by:         </div> </div> |                                       |  |   |   |
| <b>OFFICIAL BUSINESS REPORT</b><br>(To be filled out before submitting OB Form)   |                                       |  |   |   |
| <b>ITEMIZED ACTIVITIES</b>  |                                       | <b>RESULTS</b><br>(Done or Pending)  | <b>SIGNED BY CONTACT PERSON</b>   |   |
| CHECKING OF MATERIALS REIMBURSE ALLOWANCES OF MST AT SUMMIT   |                                       | DONE   |   |   |
| <p><i>Note: Failure to accomplish this form completely and correctly shall mean non-payment of any expenses incurred by the employee and will not be honored as official.</i></p>   |                                       |  |   |   |
| <b>Immediate Supervisor:</b> <br>Marwin Devalid  |                                       | <b>Noted by:</b>  |   |   |



