

	Subsidiaries and Affiliates		
	WGI	WHI Carmona	FMPI/FMTCC
	WHI - HO	CCC	PBI
	WLI	MRDC	Others:
	PRI	SPAI	

Form Title: **OFFICIAL BUSINESS FORM**

**RECEIVED**  
JUN 11 2024

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

BY: JASON V. ESQUERRA

<b>Name:</b> Bautista, Crista Joy Barroga, Jun Jihad	<b>Department:</b> IT Department	<b>Date Filed:</b> June 11, 2024	<b>Date of OB:</b> June 11, 2024
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<b>1. Purpose:</b> SAP Training			
Contact Person / Contact No. XCELER8 Technologies Inc.	Destination: SAP Office, NAC Tower, BGC	Time In: 9:15 AM	Time Out: 12:00 PM
<b>2. Purpose:</b>			
Contact Person / Contact No.	Destination:	Time In:	Time Out:
<b>3. Purpose:</b>			
Contact Person / Contact No.	Destination:	Time In:	Time Out:
<b>4. Purpose:</b>			
Contact Person / Contact No.	Destination:	Time In:	Time Out:

Prepared by:

Crista Joy Bautista  
Employee's Signature  
Signature over Printed Name/Date

Approved by:

Renz Cabato  
Immediate Head / Head of Business Unit  
Signature over Printed Name/Date

Noted by:

\_\_\_\_\_  
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
Adopt Cloud ERP and Grow without limits	DCME	

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.

<p>Approved by:</p> <p><u>Renz Cabato</u></p> <p>Immediate Head / Head of Business Unit</p>
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