

	Subsidiaries and Affiliates		
	<input type="checkbox"/> WGI <input 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"/> QSI	<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:	Department:	Date Filed:	Date of OB:
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1. Purpose:

Contact Person / Contact No.	Destination:	Time In:	Time Out:
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2. Purpose:

Contact Person / Contact No.	Destination:	Time In:	Time Out:
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3. Purpose:

Contact Person / Contact No.	Destination:	Time In:	Time Out:
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4. Purpose:

Contact Person / Contact No.	Destination:	Time In:	Time Out:
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Prepared by: _____ <div style="text-align: center;"> Employee's Signature <small>Signature over Printed Name/Date</small> </div>	Approved by: _____ <div style="text-align: center;"> Department Head/ Top Management <small>Signature over Printed Name/Date</small> </div>	Noted by: _____ <div style="text-align: center;"> HR Timekeeping <small>Signature over Printed Name/Date</small> </div>
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OFFICIAL BUSINESS REPORT
(Itemized Activities to be filled out before submitting OB Form)

ITEMIZED ACTIVITIES	RESULTS (DONE OR PENDING)	SIGNED BY CONTACT PERSON

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: _____ Department Head/ Top Management
