



AFTER TRAVEL/ACTIVITY REPORT

**Program/ Activity/ Pro-
ject (PAP)** _____

Actual Output: _____

**Cash Advance/ TO Ap-
proval Date:** _____

**Period of Implementa-
tion:** _____

Date of Submission: _____

I. BACKGROUND

statueses

head

II. HIGHLIGHTS OF ACTIVITY

statueses

III. WAYS FORWARD/ACTION PLAN

statueses

IV. PHOTO DOCUMENTATION

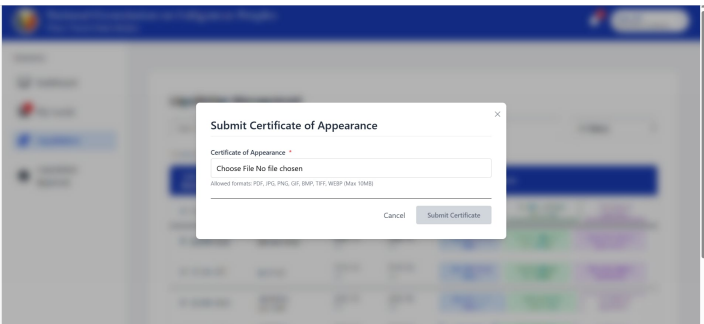


Photo 1

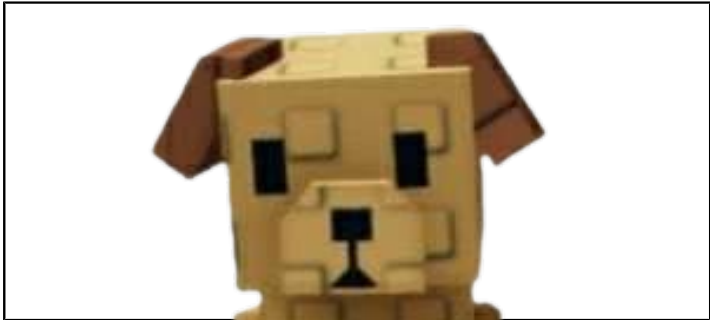


Photo 2

Photo 3

V. ATTACHMENTS

CTC.ATR.TO

Prepared By:

PERSON 1

PERSON 2

PERSON 3

Position

Position

Position

Reviewed By:

all employees

OFFICE HEADS

Position

* submit in 3 copies

Approved:

ATTY. ATANACIO D. ADDOG

Regional Director

- TMSD Chief: FBIC/FPIC, Implementation of Funded/ Coordinated PAPS
- AFSD Chief: Admin. Concerns