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| **PROJECT APPROVAL SHEET** | | | | | | | | | | | | | |
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| **Organization** | | | **Central Student Government** | | | | | | | | | | |
| **Date Submitted** | | | May 29,2019 (Wednesday) | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  | |  |  |  |
| **Project Title:** | | | | | | | | | | | | | |
| **Beneficiary Budget For: AJ Jebulan** | | | | | | | | | | | | | |
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| **Project Rationale:** | | | | | | | | | | | | | |
| **OBJECTIVES:**   * To grant the beneficiary’s graduation fee * To provide needed food supplements * A cash for needed medical expense | | | | | | | | | | | | | |
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| **Project Requirements / Best Cost Estimates:** | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **Particulars** | **Amount** | | Graduation Fee | xxxx | | Food Supplement and Graduation Gift | xxxx | | Cash for Medical Expense | xxxx | | **TOTAL:** | **xxxx.xx** |   asdasdasdasdasd | | | | | | | | | | | | | |
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| **Manpower Involved:** | | | | | | | | | | | | | |
| * CSG Officers (2019-2020) | | | | | | | | | | | | | |
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| **Timetable:** | | | | | | | | | | | | | |
| **May 29, 2019 (Wednesday)** | | | | | | | | | | | | | |
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| **Prepared by:** | | | | **Reviewed By:** | | | | | | **Checked By:** | | | |
| Ms. Sharmie Sabisaje | | | | Ms. Annabelle Villegas | | | | | | Mr. Artemio Luaton | | | |
| *Requestor* | | | | *Admin Office – E2E1* | | | | | | *Student Affairs Officer* | | | |
|  | | | | **Approved by:** | | | | | | | | | |
|  | | | | Ms. Josephine Daffon | | | | | | Ms. Marife C. Ibarra | | | |
| School Project Approval Form | | | | *Academic Head* | | | | | | *School Administrator* | | | |