

Research and Grants Management Office 3/F, Henry Sy, Sr. Hall



## **TERMS OF REFERENCE**

Name:			Project Role/Position:	
TIN:		Address:		
Amount of Ho	norarium:		Appointment Duration:	
Project Title:				
Name of Proje	ct Leader:		Project Account Number:	
Project Object	ives:			
Responsibilitie	es of Project Member	Project Leade	er Consultant	
Implementi	ing Center/Institution	Research a	nd Grants Management Office	
The (	Center/Institution/Unit has	to make sure th	agreement shall be owned by Di at the appropriate project funds Project Member/Project Leader	are
	Signa	ture over Printe	ed Name	
CONFORME:				
	Consultant	Date	Faculty Proponent	Date
NOTED BY:				
	Dr. Feorillo P. A. Demete		Dr. Raymond Girard R. Ta	
	Executive Director	Dat	e VPRI	Date