

TERMS OF REFERENCE

Name:				Project Role	e/Position:		
TIN:	Date of birt	th:	Address:	Course/Degree	::		
Amoun	t of Honorar	ium:		Appointmen	t Duration:		
Project	Title:						
	of Project Lea			Project Acco	ount Number:		
Project	Objectives:						
Respon	sibilities of	Project Member	☐ Project Lea	nder 🗆 C	Consultant		
Implem	nenting Cent	er/Institution:					
*Note:		ch Center has to mak ber/ Project Leader.	ke sure that the approp	priate project funds	are available to supp	port the honorarium of	the said
CONFO	PRME:		Signature over Prir	nted Name			
		Project Mem	ber I	Date F	Project Leader	Date	
NOTED	BY:						
	_	Center Direct	tor D	Date			
	_	<u>Dr. Feorillo Deme</u> RGMO Executive I		Dr. R Date	Raymond R. Tan VPRI	 Date	