

BUDGET REPORT TEMPLATE

REGISTRATION

	NAME	OR number	AMOUNT
1	AQM Representative (CPD Evaluator)	Complimentary	1
2	CIETI-CPE Representative (Support staff)	Complimentary	•
3			
4			
5	(continue as needed)		
Target Revenue			

EXPENSES

DATE	EXPENSE DETAILS	AMOUNT	TOTAL AMOUNT
	Speaker's honorarium		
	Hotel Accommodation of AQM and CPE Rep (Outside Cavite for 2 or more days program)		
	Venue		
	Certificates		
	Etc. (please itemize details)		
		Expenses	

Prepared by.	
Signature over printed name of Organizing Unit	
Recommending Approval:	
 Signature over printed name of Department Head/ College Dea	nr