



INCOME REPORT TEMPLATE

REGISTRATION

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

EXPENSES

DATE	EXPENSE DETAILS	OR NUMBER	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)			
Total Expenses				

INCOME		INCOME ALLOCATION	
Generated Revenue		Organizing Unit/Units	
Expenses		CIETI-CPE	
INCOME			

* For income allocation, kindly see Guidelines for CPE

Prepared:

Signature over printed name of Organizing Unit

Recommending Approval:

Signature over printed name of Department Head/ College Dean

Reviewed:

Shirley A. Terencio, RN, MPA, PhD
Chairman, Continuing Professional Education

Endorsed:

Marlon G. Gado, RL, MILS
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