FACULTY DEVELOPMENT GRANT - REIMBURSEMENT FORM

Name ____________________________________________ ID No __________
Last First Middle

Department ____________________________ □ SoH □ SoM □ SoSE □ SoSS
Degree pursued ____________________________ Program/Field ____________________________
University Attended ____________________________

Requesting for reimbursement of the following:

- **Tuition and Fees**
  - SY 20__ to SY 20__ | Amount
  - Summer
  - 1st sem (1st tri)
  - (2nd tri)
  - 2nd sem (3rd tri)

- **Book Allowance**
  - SY 20__ to SY 20__ | Amount
  - Summer
  - 1st sem (1st tri)
  - (2nd tri)
  - 2nd sem (3rd tri)

- **Thesis/Dissertation Allowance**
  - SY 20__ to SY 20__ | Amount
  - PhP5,000 for MA/MS
  - PhP8,000 for Ph.D.

- **Oral Defense Fee**
  - SY 20__ to SY 20__ | Amount
  - To be liquidated upon successful defense of thesis

- **Others**: Please specify
  - SY 20__ to SY 20__ | Amount

TOTAL __________

NOTE: Please attach original receipts as well as a photocopy of your previous semester grade.

Received by: ____________________________________________
Approved by: ____________________________________________
Faculty Development Coordinator ____________________________________________
Date ______ Date ______

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FACULTY DEVELOPMENT GRANT - REIMBURSEMENT FORM RECEIVING SLIP

Name: ____________________________________________ ID No: __________
Department: ____________________________ □ SoH □ SoM □ SoSE □ SoSS

Requested for reimbursement of the following:

- **Tuition and Fees** PhP __________
- **Book Allowance** PhP __________
- **Thesis/Dissertation Allowance** PhP __________
- **Oral Defense Fee** PhP __________
- **Others** PhP __________

TOTAL PhP __________

NOTE: Please give one to two weeks for processing time before claiming your checks at the Accounting Office. Thank you.