

BILLING FOR PROOFREADING

IMPORTANT INFORMATION:

- THIS FORM MUST BE ACCOMPLISHED PRIOR TO THE PROOFREADING PROCESS.
- THIS FORM WILL ALSO SERVE AS THE TRANSMITTAL OF THE MANUSCRIPT.
- STUDENT MUST SUBMIT A PHOTOCOPY OF THE OFFICIAL RECEIPT TO THE COURSE COORDINATOR UPON PAYMENT.

COURSE TITLE				COURSE CODE	
SECTION		SY / TERM		GROUP CODE	
TITLE OF RESEARCH PROJECT			INTEGRATIVE COURSES	<input type="checkbox"/> THESIS <input type="checkbox"/> FEASIBILITY STUDY <input type="checkbox"/> CAPSTONE PROJECT	<input type="checkbox"/> PLANT DESIGN <input type="checkbox"/> BUSINESS PLAN <input type="checkbox"/> Others: _____
Name of Students (SURNAME, GIVEN NAME MI.)	Student No.	Mobile No.	Amount per Student	O.R. No.	
Name of Proofreader		Signature of Proofreader		TOTAL PAYABLE AMOUNT	
Prepared and Billed by			Noted by		
COURSE COORDINATOR Signature over Printed Name Date			PROGRAM CHAIR Signature over Printed Name Date		

Copies : (1) Student (2) Course Coordinatr; (3) ACO; (4) Proofreader

FORM OVPA-039-03

This form is available at the Office of the Vice President for Academic Affairs.

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Name of Proofreader <small>(this portion will be filled out by the CAS Dean or authorized representative)</small>		Signature of Proofreader <small>(to be signed after the completion of the proofreading)</small>		TOTAL PAYABLE AMOUNT	
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