



**REQUEST FOR BILLING OF REDEFENSE**

**IMPORTANT INFORMATION**

- THIS FORM MUST BE ACCOMPLISHED PRIOR TO RE-DEFENSE.
- STUDENT MUST SUBMIT A PHOTOCOPY OF THE OFFICIAL RECEIPT TO THE COURSE COORDINATOR UPON PAYMENT.

COURSE:		SECTION:		SY/TERM:	
GROUP CODE:		COURSE CODE:			
INTEGRATIVE COURSES	<input type="checkbox"/> THESIS	<input type="checkbox"/> CAPSTONE PROJECT	<input type="checkbox"/> FEASIBILITY STUDY	<input type="checkbox"/> PLANT DESIGN	<input type="checkbox"/> BUSINESS PLAN
THESIS PHASE	<input type="checkbox"/> PROPOSAL DEFENSE	<input type="checkbox"/> FINAL DEFENSE			
Role	Printed Name	TIN for External Panel Members	Amount/Group/Term		
PANEL CHAIR					
PANEL MEMBER					
		<b>TOTAL PAYABLE AMOUNT</b>			

Name of Students (SURNAME, GIVEN NAME MI.)	Student No.	Amount per Student	Date of Payment	O.R. No.

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 Coordinator

**OVPAA-039-20**

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



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