



National Graduate Office for the Health Sciences
UNIVERSITY OF THE PHILIPPINES MANILA
 The Health Sciences Center
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CLAIM FOR HONORARIA – COMPRE EXAM

Date _____

Michael L. Tee, MD, MHPEd, MBA

The Chancellor
 University of the Philippines Manila

Through PROPER CHANNELS

Dear _____

This is to request that the following faculty members be paid their honoraria as per schedule or rate approved by the Board of Regents on June 30, 2014. These panel members served in the comprehensive examination of ____ student/ s, enrolled in _____ , _____

on _____ at _____, College of _____ ,
Number of takers Program track/major
date venue degree-granting unit

University of the Philippines Manila. Also attached herewith is a report of the examining panel (List of takers and the comprehensive examination results).

PANEL MEMBERS	EMPLOYEE NO.	TIN NO.	AMOUNT
Chair	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____

Very truly yours,

 Dean, College of _____
 Date _____

Endorsed:

Carl Abelardo T. Antonio, MD, MPH
 Director, NGOHS

Recommending Approval:

Jean Flor C. Casauay, RPh, MS
 University Registrar

Bernadette Heizel M. Reyes, MD, MHPEd
 Vice Chancellor for Academic Affairs

Approved:

Michael L. Tee, MD, MHPEd, MBA
 The Chancellor