



PROMISSORY SLIP

Name of Office Staff: _____

Contact Number: _____

Cost Center / P.O. Number/s: _____

Title of Activity/ies: _____

Date of Activity/ies: _____

I hereby promised to comply the necessary requirements for the payment of this request on or before _____. Therefore, the **complete attendance, accomplishment report, minutes of the meeting** and **activity program** should be submitted to the Supply and Property Management Office.

I am fully aware that failure to submit the mentioned requirements on the date stated above would be the basis for non-processing of the next request.

Signature over Printed Name of Staff

Noted by:

KARL MARS GLENN R. CANE
Chief Property Custodian