**AP No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(EC/CC-YYYY-NNN-VV)**

**TITLE OF ACTIVITY:**

**RATIONALE:**

**BRIEF DESCRIPTION OF ACTIVITY:**

**VENUE:**

**DURATION AND SCHEDULE:**

**INTENDED PARTICIPANTS:**

**TARGET ACCOMPLISHMENT:**

**LINE-ITEM BUDGET:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Items** | **Quantity** | **Source of Funds** | **TOTAL** | **Remarks** |
| **PSHS** | **Other sources\*** |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

\*Note: <Indicate source of funds for outside funding; indicate if there is contribution/collection from students.>

**OTHER SCHOOL RESOURCES NEEDED:**

Prepared by: Noted by:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Organizer Adviser/Sponsor/Coordinator

Date: Date:

Recommending Approval:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DSA Chief CID Chief SSD Chief

Certificate of Availability of Fund: Recommending Approval:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Accountant FAD Chief

Approved:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Campus Director

Date: