

TERMS OF REFERENCE

Name:			Pro	oject Role/Position:		
TIN:		Address:				
Amount of Hon	orarium:		Арр	oointment Duration:		
Project Title:						
Name of Projec	t Leader:		Pro	ject Account Numbe	r:	
Project Objectiv	ves:					
Responsibilitie	s of Droject Member	□ Project L	eader	☐ Consultant		
Implementing (Center/Institution:					
	search Center has to make	sure that the anni	ronriate nro	iect funds are available	to support the	
	ium of the said Project Me			ject idilas ale avallable	to support the	
Signature over Printed Name CONFORME:						
	Project Memb	 er	Date	Project Leader	Date	_
NOTED BY:						
	Center Director Da		Date			
	<u>Dr. Feorillo Demete</u> URCO Directo	erio III r	Date	<u>Dr. Raymond R.</u> VCRI	<u>Tan</u> Date	_