

UNIVERSITY OF SANTO TOMAS
UST-SIMBAHAYAN COMMUNITY DEVELOPMENT OFFICE

Project Proposal No. _____

PROJECT PROPOSAL EVALUATION

Project Proponent(s): _____

Date Received: _____ Date of Implementation: _____

Title of the Project: _____

☐ With Vehicle Request Proposed Budget: _____ Budget Code: _____

Initial Review:

☐ For Processing

☐ For Revision

Program Development Officer/ Date

Comments/Recommendations:

☐ For Approval

☐ For Revision

☐ Disapproved

Budget to be approved: _____

Coordinator/ Date

Comments/Recommendations:

☐ Approved/ For Cash Requisition

☐ For Revision

☐ Disapproved

Approved Budget: _____

Director/Date

Cash Requisition Number: _____ Date: _____