



SPECIAL ORDER FORM

Date: _____
 Special Order No. _____, 201_

NAME OF FACULTY
 Expert Service to be Provided
(i.e. Trainer, Consultant)

You are hereby designated as _____ effective _____, at _____. As such you will receive an honorarium of P_____ per hour, as reflected in the budgetary requirement of the approved project proposal. Hereunder are the details of your responsibilities, to wit:

Activities	Date/s	Expected Output	No. of Hours

Prepared by:

 Head, Technology, Demonstration and Training ESD

Recommending Approval:

 Dean/Director

 Director, Extension Services Department

 Director, Finance Services

 Vice President, RET

Approved by:

 University President

Conforme: _____