

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM
CAMPUS: _____

ACTIVITY PROPOSAL FORM

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
Date:

Adviser/Sponsor/Coordinator
Date:

Recommending Approval:

DSA Chief

CID Chief

SSD Chief

Certificate of Availability of Fund:

Recommending Approval:

Accountant

FAD Chief

Approved:

Campus Director
Date: