

## Payment Request for Reading Course

<b>School/ College</b>		<b>Department</b>			
<b>Semester</b>		<b>School Year</b>			
<b>Name of Faculty*</b>	<b>Subject &amp; Section</b>	<b>SLMIS Class No.</b>	<b>No. of Students</b>	<b>Signature</b>	

*\*Note: Please attach SLMIS print-out of grade roster with status "Submitted to Registrar."*

<b>Requested by Department Chair</b>		
	Signature over Printed Name	Date
<b>Endorsed by Dean</b>		
	Signature over Printed Name	Date
<b>SLMIS Checked by Registrar</b>		
	MRS. VERNA A. LAGO	Date
<b>FLR Validated by</b>		
	MS. ROWENA L. AYSON	Date
<b>Approved by Academic Vice President</b>		
	FR. RENE C. TACASTACAS, S.J.	Date

*Please do not write below this line.*

**Human Resources Office:**