

Payment Request for Thesis Advising

School/ College		Department																					
Semester		School Year																					
Subject & Section		SLMIS Class Number																					
Name of Faculty (Last Name, First Name, MI)		Role (Adviser, Panelist, Reader)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">No. of Groups</th> <th style="width: 50%;">No. of Students</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	No. of Groups	No. of Students																		
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Important:	Please attach supporting documents which should contain the following details to ensure accuracy of remuneration per faculty member: <ol style="list-style-type: none"> 1. Title of Thesis, Faculty Adviser, Names of Students, Student Groupings 2. Names of Panelists, Names of Readers, if applicable 3. SLMIS print-out of grade roster with status "Submitted to Registrar" 																						
Requested by Department Chair																							
	Signature over Printed Name		Date																				
Endorsed by Dean																							
	Signature over Printed Name		Date																				
SLMIS Checked by Registrar																							
	MRS. VERNA A. LAGO		Date																				
Approved by Academic Vice President																							
	FR. RENE C. TACASTACAS, S.J.		Date																				
Human Resource Office:																							