



Republic of the Philippines
COMMISSION ON AUDIT
 Regional Office No. III
 City of San Fernando, Pampanga
 Telefax No. (045) 455-4273

**SCHEDULE OF COURSE OFFERINGS FOR CY 2020
 (AGENCY Personnel)**

DURATION	COURSE/SEMINAR	TARGET PARTICIPANTS	SEMINAR FEE
March			
10-13	Laws and Rules on Government Expenditures	Personnel involved in the processing of claims, disbursements including certifying and approving officers	P8,000.00
17-20	Laws and Rules on Government Expenditures	Personnel involved in the processing of claims, disbursements including certifying and approving officers	P8,000.00
April			
21-24	Laws and Rules on Government Expenditures	Personnel involved in the processing of claims, disbursements including certifying and approving officers	P8,000.00
27-30	Laws and Rules on Government Expenditures	Personnel involved in the processing of claims, disbursements including certifying and approving officers	P8,000.00
May			
19-22	Laws and Rules on Government Expenditures	Personnel involved in the processing of claims, disbursements including certifying and approving officers	P8,000.00
26-29			
June			
2-5	Property and Supply Management System (PSMS)	Personnel involved in purchasing, maintaining and disposing properties and supplies of the agency	P 8,000.00
17-19	Cash Management and Control System (CMCS)	Personnel involved in the disbursing and liquidation of cash advances including certifying and approving officers	P6,000.00
August			
4-7	Laws and Rules on Government Expenditures	Personnel involved in the processing of claims, disbursements including certifying and approving officers	P8,000.00

Recommending Approval:


LYNN S.F. SICANGCO
 Director IV
 COA Regional Office No. III

Approved by:


MELANIE R. ANONUEVO
 Director IV *23 Jan 2020*
 Professional Development Office, PIDS


LEILA S. PARAS
 Assistant Commissioner
 Professional and Institutional Development Sector



Course Title

NOMINATION FORM
(AGENCY PERSONNEL)

We are nominating the following:

	NAME(Last, First, Middle)	POSITION	SCHEDULE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Head of Office/Agency or Authorized Representative:

Signature over Printed Name

Designation

OFFICE/AGENCY:	TEL./FAX NOS.
ADDRESS:	

(You may reproduce this form if you need more copies)

*This form should be used for this course only