DATE

**CARMENCITA DAVID-PADILLA, MD, MAHPS**

Chancellor

University of the Philippines Manila

Dear **Chancellor Padilla,**

May we request for the designation of the undersigned as **Special Disbursing Officer (SDO)** for the project entitled, “**Project Title**” for the period of 03 March 2014 to 02 March 2017 with a total cash accountability of **Amount in Words only (Php XXXXX.XX)**. The said amount is essential to cover the current operating expenses which includes the following:

1. Patient’s traveling expenses
2. Patient’s representation allowance
3. Printing and binding
4. Transportation and delivery
5. Communication expenses
6. Meeting and Representation expenses

Attached here are the following documents:

1. Line-Item-Budget
2. Memorandum of Agreement
3. Cash Flow for Two Months

We are hoping for your favorable and prompt response to our request. Thank you very much.

Sincerely,

**NAME OF PROJECT LEADER**

*Project Leader, Study Title/Acronym*

and

*Other Designations*

|  |  |
| --- | --- |
| RECOMMENDING APPROVAL:**AGNES D. MEJIA, MD**Dean, College of MedicineUniversity of the Philippines Manila | APPROVED BY:**CARMENCITA DAVID-PADILLA, MD, MAHPS**ChancellorUniversity of the Philippines Manila |
| RECOMMENDING APPROVAL:**ARLENE SAMANIEGO, MD**Vice Chancellor for AdministrationUniversity of the Philippines Manila |  |