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	Page No.	Page 1 of 1

College: _____

Research Title: _____

Researcher/s: _____

TERMS OF REFERENCE

Service Requested: _____

Amount/Value of Services (Php): _____

Name of Service Supplier: _____

Address: _____

Tax Identification Number: _____

Deliverables:

Scope of Work:

Duration of Work:

Requested by:

Signature Over Printed Name