

ROUTE SLIP			
NSCA	Name of CSD Employee		DATE
Received/Evaluated:			
Validated:			
Investigation Approved for Payment:			
Facilitate Payment:			
Signing SCC:			
To be filled up by CSA issuing OP			
ADDITIONAL ATTACHMENT/S	YES	NO	
AFFIDAVIT			
WAIVER			
Aff. with WAIVER			
WAIVER for Cabantian			
WAIVER for other concerns			
			PM-08-02-F04 Rev. No. 0 Aug 1, 2018

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