

Republic of the Philippines

**COMMISSION ON AUDIT**

**REGIONAL OFFICE NO. IV-B (MIMAROPA)**

Commonwealth Ave., Constitution Hills, Quezon City

Telephone Nos. : 931-9304; 951-1346; 277-3417

**e-mail address: coa4btraining@gmail.com**

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| RO4b Nom Form  Revised *2020* | | **NOMINATION FORM** | | | | **Date Filed:** | |
| **Course Title:** | |  | | | | | |
| **Date Covered:** | |  | | | | | |
| **WE ARE NOMINATING THE FOLLOWING TO THE ABOVE-NAMED COURSE:** | | | | | | | |
| *NOTE: Please fill out this form COMPLETELY AND LEGIBLY.* | | | | | | | |
| **Surname** | | | **First Name** | **M.I.** | **POSITION** | **CONTACT NO. /**  **EMAIL ADDRESS** | **REMARKS** |
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| **Head of Office/Agency:**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature over Printed Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Designation** | | | | | | | |
| **Office/Agency:**    **Office Address:** | | | | | | **Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Office E-mail Address:** | | | | | | | |
| **Send the signed nomination form at coa4btraining@gmail.com** | | | | | | | |

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| **FOR RO IV-B USE ONLY**  **(Action on Nomination)** | |
| **NOMINATIONS:**  ❑ CONFIRMED  ❑ NOT CONFIRMED | **SEMINAR:**  ❑ CANCELLED  ❑ DEFERRED, NEW DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |