|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AUTHORITY TO IMPLEMENT CHECKLIST (AIC)** | | | | |
| **Key Result Area (KRA):** | **☐1 ☐ 2  3 ☐ 4 ☐ 5** | | |
| **Specific Program:** |  | | |
| **Output:** |  | | |
| **Name of the Activity:** |  | | |
| **Date of Implementation:** | Planning Workshop on the Implementation of ELLN | | |
| **Required Documents:** | **Complete and Correct** | **Incomplete and with Revision** | **Remarks** |
| 1. **Program Management  Plan** |  |  |  |
| **Key Performance Indicator** |  |  |  |
| **Output** |  |  |  |
| 1. **Program Proposal** |  |  |  |
| 1. **Memorandum**   -List of Participants  -Matrix  -TOR |  |  |  |
|  |  |  |
|  |  |  |
| 1. **Request for Budget**   **Approval** (RBA) |  |  |  |
| 1. **QAME Request** |  |  |  |
| 1. **Invitation Letter**   *(if applicable)* |  |  |  |
| 1. **Activity Request/ Authority to Conduct** |  |  |  |
| 1. **Letter to Procurement   (if applicable)** |  |  |  |
| 1. **Annex B   *(if applicable)*** |  |  |  |
| 1. **Registration Form** |  |  |  |
| 1. **Attendance Sheet** |  |  |  |
| 1. **Meal Attendance** |  |  |  |
| 1. **Request for CTO**   ***(if applicable)*** |  |  |  |
| 1. **Request for   Issuance of**   **Certificate** |  |  |  |
| 1. **Monitoring Tool   For Budget   Utilization Fund** |  |  |  |
| **16. Budget Utilization   Report (BUR)** |  |  |  |
| Remarks during the Processing of Documents (Other FDs):    Name and Signature | | | | |

Checked by:

**MARGARET P. MUSA**  **LHOVIE C. DAMIAN**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved:

**VIERNALYN M. NAMA**

Chief, CLMD