



Republic of the Philippines
PAMBAYANG KOLEHIYO NG MAUBAN
Mauban, Quezon



NAME OF ORG _____

ACCOMPLISHMENT REPORT

S.Y. 2025 – 2026

Name of Organization:				Period Covered:	A.Y. 2025-2026	
Title of Activity/ Program	Target Date/ Month	Persons Involved	Proposed Budget (if applicable)	Expected Outcome	Remarks	Date Accomplished
1.						
2.						
3						
4						
5						

NARRATIVE REPORT:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



Prepared by:

NAME OF ORG PRESIDENT & SIGNED
President, (Name of Org)

Verified and Attested by:

NAME OF ADVISER & SIGNED
Adviser

Approved by:

MARY GRACE A. DESEMBRANA
OSA Coordinator

DR. FE D. NAVA
President

(Please use separate sheet when necessary/needed)



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