	BC-CSC Form	F THE PHILIPPINES m No. 1 Description Form)	1. NAME OF EMPLOYEE LAÑADA EUGENE B.
2.	DEPARTMENT C	ORPORATION OR AGENCY/	(Family Name) (Given Name) Middle Name
	LOCAL GO	OVERNMENT College of Agriculture	3. BUREAU OF OFFICE
4.	DEPT./BRANCH/		
			5. WORK STATION/PLACE OF WORK
			Licentines on SICPL TERRIBION SPIRIT
6a.	PRES.APPROP. ACT/ BOARD RES/ ORD. NO.	6b. PREV. APPROP ACT/ BOARD RES/ ORD. NO.	7a. SALARY P.A. 7b. OTHER COMPENSATION
	ITEM NO. 95-1 ITEM NO.		₽76,440.00
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Head of Agency