

GAYON ALBAY LGBT ORGANIZATION, INC.

Name of CSO

(Date) _____

Honorable Michael A. Aguinaldo
Chairperson
Commission on Audit
Commonwealth Avenue, Quezon City

Attention: Regional Director
COA RO V

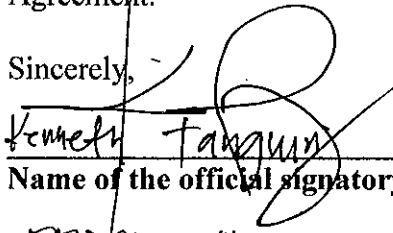
Dear Chairperson Aguinaldo:

Pursuant to the *Commission on Audit – Civil Society Organizations Memorandum of Agreement* dated _____, 2016, the (Name of CSO) GAYON ALBAY LGBT ORGANIZATION INC., endorses the following bonafide members of our organization, to join the COA Citizen Participatory Audit (CPA) Teams that will conduct field validation with geotagging pertaining to the Barangay Health Centers of the Local Government of _____, (region) _____ and to participate in the related capacity building activities:

NAME/S
BRYAN N. MADRILEJOS
REYMUND P. ANTONIO
ROLANDO E. RIVAC
JOEL A. CELOSA

They shall abide with our agreements embodied in the above-mentioned Memorandum of Agreement.

Sincerely,


Name of the official signatory

PRESIDENT

Position

GAYON Inc.

Name of CSO