

FORM 2 - PROVINCIAL CONSOLIDATION REPORT ON THE GRANT OF FY 2019 PBB

PROVINCE: \_\_\_\_\_

Region: \_\_\_\_\_

Name of Component City/Municipality	No. of personnel eligible to the PBB	Total Amount of PBB	Remarks

\*Add additional rows if necessary

Prepared by: \_\_\_\_\_

LGU-PBB Provincial Focal Person

Certified by: \_\_\_\_\_

Provincial Director