

Credit Values

Activity Type	First Activity	Next Activities	Max/Per Day	Deduction	English
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	En
<del>W</del>	2	1	10	0	En
A					
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	En
B					
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
C					
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
E					
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	En
<del>W</del>	2	1	10	0	En
F					

Credit Values

Activity Type	First Activity	Next Activities	Max/Per Day	Deduction	English
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
G					
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	En
<del>W</del>	2	1	10	0	En
M					
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	En
<del>W</del>	2	1	10	0	En
N					
<del>W</del>	2	1	10	0	Yo
P					
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	En
M					
<del>W</del>	2	1	10	N/A	Yo
<del>W</del>	2	1	10	N/A	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	0	Yo
<del>W</del>	2	1	10	N/A	Yo

### Credit Values

Activity Type	First Activity	Next Activities	Max/Per Day	Deduction	English
<del>W</del>	<input type="text" value="25"/>	<input type="text" value="1"/>	<input type="text" value="30"/>	<input type="text" value="0"/>	Fo <input type="checkbox"/>
<del>W</del>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="10"/>	<input type="text" value="0"/>	Yo <input type="checkbox"/>
<del>W</del>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="10"/>	<input type="text" value="0"/>	Yo <input type="checkbox"/>
<del>W</del>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="10"/>	<input type="text" value="0"/>	En <input type="checkbox"/>
<del>W</del>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="10"/>	<input type="text" value="0"/>	En <input type="checkbox"/>
		V			
<del>W</del>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="10"/>	<input type="text" value="0"/>	Yo <input type="checkbox"/>
<del>W</del>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="10"/>	<input type="text" value="0"/>	Yo <input type="checkbox"/>
<del>W</del>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="10"/>	<input type="text" value="0"/>	Yo <input type="checkbox"/>

Save Changes