

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

EDGARDO E. TULIN

President

TRAVEL REQUEST / ORDER	TO GO ON TRAVEL (please check):
May 31, 2022	
Name : ELVIRA B. GORRE Designation : Admin. Assistant Signature Destination : Baybay City Date of Travel : June 1, 2022 Purpose : To transact business at Greenware (re, back-job - transferring of all files from HDD to external HD)	Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19 Invitation from the organizer of the activity/conference/meeting (if applicable) Certification from the organizer that social distancing and other health/hygiene protocols against Covid 19 will be observed for the duration of the activity (if applicable) Quarantine passes issued by the destination LGU
	and if possible, together with passes from LGUs enroute to the destination
Total Expenses:	Strong justification from the requesting party duly
Source of Funds	endorsed by the immediate supervisor on the
Transportation: [] University Vehicle	necessity and urgency of the trip and commitment
[X] Public Conveyance	of the requesting party to religiously comply with
[] Private Vehicle	health/hygiene protocols during the trip
Noted/Verified: ELIZA D. ESPINOSA Office Head/Immediate Supervisor	Waiver from the employee concerned that he/she is willing to undergo self quarantine for 14 days, while he/she will be on work from home scheme Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her
RECOMMENDING APPROVAL:	14 days work from home scheme
ELIZA D. ESPINOSA Department Head	Clearance issued by the Nurse on duty 30 minutes prior to travel should be submitted to the guard on duty before allowing vehicle to go out of campus
In-charge of funds (If other than the	Certified Correct:
Dept/Office Head)	One
24,500	ELVIRAB. GORRE
	Name of Travelling Employee
BEATRIZ S BELONIAS	ramo or riground Employee
Vice Pres. For Instruction	
	Noted/verified except Clearance from Nurse :
APPROVED:	

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CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST

Name of Office Head/Supervisor