EXIAS STA

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

May 24, 2022 Date

Name	MARLITO M. BANDE	2
Designation	Assoc. Prof. IV	Signature
Destination	Canigao, Matalom Leyte	
Date of Travel	May 30, 2022	
Purpose activities for t	To conduct tree planting and team he ITEEM faculty and staff,	building
Total Expenses:		
Source of Funds		
Transportation:	[] University Vehicle	
	[X] Public Conveyance	
	ELIZA D. ESPIÑOSA Immedia e Supervisor	
RECOMMENDIN	G APPROVAL:	
	ELIZA D. ESPINOSA	
	Director, ITEEM	
	In-charge of funds (If other than the	
	Dept/Office Head)	
	K	
DENNI Dear	CFES VP for Academic Affairs	<u>is</u> ,
APPROVED:	EDGARDO E. TULIN	

President

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VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST TO GO ON TRAVEL (please check):

. C	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
V	and other health/hygiene protocols against Covid 19
	will be observed for the duration of the activity
	(if applicable)
1_	Quarantine passes issued by the destination LGU
	and if possible, together with passes from LGUs
_	enroute to the destination
<u>_</u>	Strong justification from the requesting party duly
	endorsed by the immediate supervisor on the
	necessity and urgency of the trip and commitment
-	of the requesting party to religiously comply with
	health/hygiene protocols during the trip
	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
	14 days work from home scheme
	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
	Certified Correct:
	ne '
	MARLITO M. BANDE
	Name of Travelling Employee
*	Noted/verified except Clearance from Nurse:
	ELIZA D. ESPINOSA

Name of Office Head/Supervisor