



VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte
6521 Philippines

TRAVEL REQUEST / ORDER

Date: February 8, 2024

Name : LUZ G. ASIO
Designation : Asst. Professor II/Study Leader *Signature*
Destination : USTP, Claveria Misamis Oriental
Date of Travel : March 4-8, 2024
Purpose : Site Visit and Project Meeting at USTP,
Claveria Misamis Oriental
Total Expenses:
Source of Fund: 101T 20201050-1.120 DOST PCAARRD
Transportation: [/] University Vehicle [] Public Conveyance

Noted/Verified:

[Signature]
DIONESIO M. BAÑOC
Immediate Supervisor/Office Head

RECOMMENDING APPROVAL:

VICTOR B. ASIO
College Dean

DENNIS P. PEQUE
OIC-VP Research, Ext'n & Innov

BEATRIZ S. BELONIAS
VP for Academic Affairs

APPROVED:

DANIEL LESLIE S. TAN
OIC- President, VSU

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

- ☐ Medical Clearance from the VSU Infirmary that the employee has 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 (if applicable)
- ☐ Quarantine passes issued by the destination LGU and if possible, together with passes from LGUs enroute to the destination
- ☐ 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:

[Signature]
LUZ G. ASIO
Name of Travelling Employee

Noted/Verified except Clearance from Nurse:

[Signature]
DIONESIO M. BAÑOC
Name of Office Head/Supervisor