

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

April 29, 2022 Date

Name :	FEDILITO M. ALMERODA
Designation :	Science Aide Signature
Destination :	Carigara, Leyte
Date of Travel :	May 3, 2022
Purpose :	Assessment of the proposed Rainforestation site of Metro Carigara Water District (MCWD).
Total Expenses:	
Source of Funds	NRTSP016
Transportation:	[x] University Vehicle
	[] Public Conveyance
	[] Private Vehicle
Noted/Verified	di ·
	MARLITO M. BANDE
	Office Head/Immediate Supervisor
RECOMMENDIN	ELIZA D. ESPINOSA Department Head
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	MARLITO M. BANDE
	In-charge of funds (If other than the
	Dept/Office Head)
	MARIA JULIET C. CENIZA
	VP for Research, Extension & Innovation
APPROVED:	
	EDGARDO E. TULIN
	President



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

	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
	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:
	FEDILITO M. ALMERODA
	Name of Travelling Employee
	Noted/verified except Clearance from Nurse :

Name of Office Head/Supervisor