

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte



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

TRAVEL REQUEST / ORDER

26-Jan-22 Date

	٨	Medical Clearance from the VSU Infirmary that the
	1	employee have no symptoms of Covid 19
	DHENBER C. LUSANTA	Invitation from the organizer of the activity/conference
Name Designation	Instructor III Signature	
Destination	Giuan Eastern Samar	Certification from the organizer that social distancing
Date of Travel:	February 2-3, 2022	and other health/hygiene protocols against Covid 19
Purpose :	To conduct pretesting of household	will be observed for the duration of the activity
	questionnaire	(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	ACIAR-JDF/2021/375-SIVC	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
	Λ	health/hygiene protocols during the trip
NI-1IO1:6		Waiver from the employee concerned that he/she is
Noted/Verified	DHENBER C. LUSANTA	willing to undergo self quarantine for 14 days, while he/she will be on work from home scheme
	Office Head/Immediate Supervisor	Approved list of outputs between supervisor and
	Since ricadiminadate Supervisor	employee to be delivered/accomplished during his/hei
RECOMMENDIN	IG APPROVAL:	14 days work from home scheme
	1	Clearance issued by the Nurse on duty 30 minutes
	1/0	prior to travel should be submitted to the guard on
	HADASHA N. BONGAT	duty before allowing vehicle to go out of campus
	In-charge of funds (If other than the	Certified Correct:
	Dept/Office Head)	
		DHENBER C. LUSANTA
	MARIA JULIET C. CENIZA	Name of Travelling Employee
	VP for Research, Extension & Innovation	1
		Noted/verified except Clearance from Nurse :
APPROVED:		
	EDGARDO E. TULIN	
	President	Name of Office Head/Supervisor

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TO GO ON TRAVEL (please check):

TRAVEL REQUEST / ORDER

26-Jan-22 Date

		Medical Clearance from the VSU Infirmary that the
		employee have no symptoms of Covid 19
Name	LUDIVICO B. RABIA	Invitation from the organizer of the activity/conference/
Designation	Science Research Assistant Signature	meeting (if applicable)
Destination	Giuan Eastern Samar	Certification from the organizer that social distancing
Date of Travel :	February 2-3, 2022	and other health/hygiene protocols against Covid 19
Purpose :	To conduct pretesting of household	will be observed for the duration of the activity
	questionnaire	(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	ACIAR-JDF/2021/375-SIVC	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
		health/hygiene protocols during the trip
		Waiver from the employee concerned that he/she is
Noted/Verified		willing to undergo self quarantine for 14 days,
	DHENBER C LUSANTA	while he/she will be on work from home scheme
	Office Head/Immediate Supervisor	Approved list of outputs between supervisor and
RECOMMENDING	C APPROVAL:	employee to be delivered/accomplished during his/her 14 days work from home scheme
RECOMMENDING	G AFFROVAL.	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
	1 Hart	daty before anowing vertice to go out or campus
	HADASHAIN BONGAT	
	In-charge of funds (If other than the	Certified Correct:
	Dept/Office Head)	
	4	LUDIVICO B. RABIA
	MARIA JULIET C. CENIZA	Name of Travelling Employee
	VP for Research, Extension & Innovation	/
APPROVED:		Noted/verified except Clearance from Nurse :
ALLINOVED.	EDGARDO E. TULIN	
	President	Name of Office Head/Supervisor