

## VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

## TRAVEL REQUEST / ORDER

(For Faculty)

Aug. 20, 2025 Date

|                 | w was too                               | Λ              |
|-----------------|---|----------------|
| Name            | Israel C. Embayarte                     | C.             |
| Designation :   | Instructor I                            | Signature      |
| Destination :   | Siquijor                                |                |
| Date of Travel  | Aug. 25-30, 2025                        |                |
| Purpose :       | To serve as resource person during      | the capability |
|                 | building activities on Agriculture Valu | ie Chain       |
|                 | Management and Market Linkages.         |                |
|                 | 3                                       |                |
|                 |   |                |
| Total Expenses: |   |                |
| Source of Funds | DA-RFO 7                                |                |
| Transportation: | [ ] University Vehicle                  |                |
|                 | [x] Public Conveyance                   |                |
|                 |   |                |
|                 |   |                |
| Noted/Verified  | : Spin                                  |                |
|                 | LEMUEL S. PRECIADOS                     |                |
|                 | Office Head/Immediate Supervisor        | or             |
|                 |   |                |
| RECOMMENDING    | G APPROVAL:                             |                |
|                 | 9111                                    |                |
|                 | MARK Č. RATILLA 4                       |                |
|                 | College Dean                            |                |
|                 | - /                                     |                |
|                 |   |                |
|                 | In-charge of funds ( If other than the  |                |
|                 | Dept/Office Head)                       |                |
|                 |   |                |
| SANTIAGO T      | PENA IP POTACIO S CRAVI                 | 200            |
| VP, OP          |   |                |
| , 01            | vice Fies. Adademic Ar                  | TairS          |
| APPROVED:       |   |                |
|                 |   | •              |
|                 | PROSE IVY G. YEPES                      |                |
|                 | 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  |
| y same unity volude to go out of campus   |
| Certified Correct:  |
| Isvael C Ambayante  |
| Name of Travelling Employee   |
|   |
| Noted/verified except Clearance from Nurse:   |
|   |
|   |

Name of Office Head/Supervisor