

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

(For Faculty)

29 May2023

Date

Name	: ANATOLIO N. POLINAR
Designation	: Study Leader, ACIAR FLRsignature
Destination	: Catmon Northen Cebu
Date of Travel	: <u>June 07 evening - June 09, 2023</u>
Purpose	:_Conduct Strengthening Workshop to
	POs in Northern Cebu
Total Expenses:	
Source of Funds	
Transportation:	[] University Vehicle
	[] Public Conveyance
Noted/Verifie	
	ANATOLIO N. POLINAR
	Head, DFS
DECOMMENDI	NG APPROVAL:
KECOMMENDI	NG AFFROVAL.
	DENNIS PEQUE
	College Dean
	ARTURO E. PASA
	In-charge of funds (If other than the
	Dept/Office Head)
MADI	A JULIET C. CENIZA / BEATRIZ S. BELONIAS
	Research, Extension and VP for Academic affairs
Innova	tion
APPROVED:	

EDGARDO E. TULIN
President

CHECKLIST

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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:
ANATOLIO N. POLINAR
Name of Travelling Employee
Noted/verified except Clearance from Nurse:

Name of Office Head/Supervisor