

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

2/14/2024 Date

Name :	Melodina P. Edullantes modullim
Designation :	Science Research Specialist Signature
Destination :	Baybay City
	Fab. 07.00.0004
Date of Travel :	Feb. 27-29, 2024
Purpose :	To serve as Facilitator during the Training Workshop
	on Sectoral Plan, BIDP(2024-2026), BNAP (2024-202
	and Barangay GAD Planning 2025.
Total Expenses:	
Source of Funds	BIDANI
Transportation:	[] University Vehicle
	[x] Public Conveyance
	0
	Manual Transfer of the American Control of the America
Noted/Verified	
	Immediate Supervisor
	Illinediate Supervisor
RECOMMENDIN	G APPROVAL:
RECOMMENDIN	Munes
	L/LIAN B. NUÑEZ
	Dept.Head/Director
	U
	In-charge of funds (If other than the
	Dept/Office Head)
	DENNIS P. PEQUE
	VP for Res, Extn. & Innovation
ADDROVED:	
APPROVED:	DANIEL LESLIE S. TAN
-	Officer-In-Charge



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

employee Invitation	have no symptoms of Covid 19 from the organizer of the activity/conference/
Certificati and other	if applicable) on from the organizer that social distancing health/hygiene protocols against Covid 19 served for the duration of the activity able)
Quarantir	ne passes issued by the destination LGU
enroute to	the destination
endorsed necessity of the req health/hyg Waiver from willing to while he/s Approved employee 14 days will Clearance prior to tra	stification from the requesting party duly by the immediate supervisor on the and urgency of the trip and commitment uesting party to religiously comply with giene protocols during the trip om the employee concerned that he/she is undergo self quarantine for 14 days, she will be on work from home scheme I list of outputs between supervisor and to be delivered/accomplished during his/her work from home scheme e issued by the Nurse on duty 30 minutes avel should be submitted to the guard on re allowing vehicle to go out of campus
Certifie	d Correct:
	MELODINA P. EDULLANTES Travelling Employee
Noted/ver	rified except Clearance from Nurse:

Name of Office Head/Supervisor /