TRAVEL REQUEST / ORDER

February 28,2023
Date

Name	:	**JEDESS MILADEL N. SALOMON**
Designation	:	Asst. Prof/Project Staff
Destination	:	Inopacan Leyte
	:	Manila
Date of Travel	:	March 2, 2023
Purpose	:	To participate in the the writeshop of Centennial Book.

Signature

Total Expenses: _____

Source of Funds _____

Transportation: [ ] University Vehicle
                 [ ] Public Conveyance

Noted/Verified:

ROMEL B. ARMECIN
Center Director/Immediate Supervisor

RECOMMENDING APPROVAL:

ROMEL B. ARMECIN
Center Director

_____
In-charge of funds (If other than the
Dept/Office Head)

MARIA JULIET C.CENIZA/ BEATRIZ S.BELONIAS
    VP for REI   VP, Academic Affairs

APPROVED:
                EDGARDO E. TULIN
                       President

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:

_____
Name of Travelling Employee

Noted/verified except Clearance from Nurse :

_____
Name of Office Head/Supervisor