

TRAVEL REQUEST / ORDER



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

| July 31, 2024 | |
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| Date | Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19 |
| Name : ORLAN C. CAPIN Designation : Admin Aide III | Invitation from the organizer of the activity/conference/ meeting (if applicable) |
| Destination : CIPLS- Inopacan & Hindang Leyte Date of Travel : August 5-16, 2024 | Certification from the organizer that social distancing and other health/hygiene protocols |
| Purpose : Participate on the conduct of Water Quality Monitoring Assessment (WQMA) and Habitat | against Covid 19 will be observed for the duration of the activity (if applicable) Quarantine passes issued by the destination LGU |
| Assessement in the Cuatro Islas Protected Landscape and Seascape (CIPLS). | and if possible, together with passes from LGUs enroute to the destination |
| Total Expenses : Source of Funds : | Strong justification from the requesting party duly endorsed by the immediate supervisor on the |
| Transportation : [] University Vehicle | necessity and urgency of the trip and commitment of the requesting party to religiously comply with health/hygiene protocols during the trip |
| Noted/Verified: ANGELITA B. ORIAS | 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 |
| Recommending Approval: TEOFANES A. PATINDOL W Director, ITEEM 7 m 24 | 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 |
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| In-charge of funds (If other than the Dept/Office Head) | Certified Correct: ORLAN C. SAPIN |
| Vice President for Research , Extension & Innovation | Name of Travelling Employee Noted/verified except Clearance from Nurse: |
| APPROVED: | |
| PROSE IVY G. YEPES UNIVERSITY PRESIDENT | Name of Office Head/Supervisor |