

## **VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

## TRAVEL REQUEST / ORDER

(For Faculty)

May 7, 2024 Date

	2
Name :	Lemuel S. Preciados
Designation :	Assoc. Prof. IV Signature
Destination :	Makati
Date of Travel :	May 19-21, 2024
Purpose :	To attend a meeting and discussion with the
	Commissioners during the High-Level Visit
	of the Chair and Members of ACIAR.
Total Expenses:	
Source of Funds	ACIAR
Transportation:	[ ] University Vehicle
Transportation.	[x] Public Conveyance
	//
Noted/Verified	d:
	ZYRAMAY H. CENTINO
	Office Head/Immediate Supervisor
RECOMMENDIN	IG APPROVAL:
	LILIAN N. NUNEZ
	OIC-College Dean (CME)
	OIC-College Deall (CIVIL)
	In-charge of funds ( If other than the
	Dept/Office Head)
	O T. PEŇA ROTACIO S. GRAVOSO
VP for Resear	ch & Extension Vice Pres. Academic Affairs
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
Certified Correct:
LEMMEN O COECIADOS
Name of Travelling Employee
Name of Travelling Employee  Noted/verified except Clearance from Nurse :

Name of Office Head/Supervisor