

## VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

## TRAVEL REQUEST / ORDER

( For Faculty)

1-Sep-25 Date

		C. Draeindos	
Name	Lemuel S. Preciados		Signature
Designation	Froject Leader		
Destination	Sotogrande Davao City		
Date of Travel	September 15- 21, 2025		
Purpose	To attend the proj	ject's final review in	
	Sotogrande Dava		
	for Inclusive Valu		
	(377-ACIAR-CS	IRO PROJECT)	
Total Expenses:			
Source of Fund		dation for Agricultural	
		velopment, Inc (ViFARD)	
Transportation:	Little weiter Vala		
ransportation.	x Public Convey		
RECOMMEND	Office	e Head/Immediate Supervisor	
		MARK C. RATILLA	
		College Dean	
	In-charge o	f funds ( If other than the	
	De	pt/Office Head)	
SANTIAG VP for Rese	O T. PEÑA JR. earch & Extension	ROTACIO S. GRAVOS Vice Pres. Academic Affai	O .
APPROVE	D:		
		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:			
LEMUEL S. PRECIADOS			
Name of Travelling Employee			
Noted/verified except Clearance from Nurse :			
MARK C. RATILLA			
Name of Office Head/Supervisor			