



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

Dec. 5, 2022 Date

	Bate	
	.	Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19
Name Designation	ODELO B. BALDOS AG. TECH.II Signature	Invitation from the organizer of the activity/conference/ meeting (if applicable)
Destination :	BAYBAY CITY Dec. 6, 11-13, 2022	Certification from the organizer that social distancing and other health/hygiene protocols against Covid 19
Purpose :	To attend the Opening of Agri- Agua Fair 2022, and VSU Booth	will be observed for the duration of the activity
	watcher in Baybay City.	(if applicable)
		Quarantine passes issued by the destination LGU
		and if possible, together with passes from LGUs
		enroute to the destination
Total Expenses:		Strong justification from the requesting party duly
Source of Funds	[]	endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment
Transportation:	[] University Vehicle [] Public Conveyance	of the requesting party to religiously comply with
	[] Tubile conveyance	health/hygiene protocols during the trip
	V	Waiver from the employee concerned that he/she is
Noted/Verified:		willing to undergo self quarantine for 14 days,
	DHENBER C. LUSANTA	while he/she will be on work from home scheme
	Office Head/Immediate Supervisor	Approved list of outputs between supervisor and
DECOMMENDING	C APPROVAL:	employee to be delivered/accomplished during his/her 14 days work from home scheme
RECOMMENDIN	G APPROVAL.	Clearance issued by the Nurse on duty 30 minutes
		prior to travel should be submitted to the guard on
	VP for Academic Affairs	duty before allowing vehicle to go out of campus
	In-charge of funds (If other than the	Certified Correct:
	Dept/Office Head)	
		ODELO BEBALDOS
	MADIA IIII IET C CENIZA	Name of Travelling Employee
•	MARIA JULIET C. CENIZA VP for Research, Extension & Innovation	
		Noted/verified except Clearance from Nurse :
APPROVED:	EDCARRO E TIU IN	DUENDEDCILICANTA
	EDGARDO E. TULIN President	DHENBER C. LUSANTA Name of Office Head/Supervisor
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CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST

TO GO ON TRAVEL (please check):