

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

(For Faculty)

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	19-Jul-22	
	Date	

	Date	
Name	LORNA B. ABAMO	
Designation	: Admin Aide VI	Signature
Destination :	Macrohon, So. Leyte	
Date of Travel	July 21-22, 2022	
Purpose :	Capacity building seminar-workshop	of
i dipodo .	BOD AdPA	0.
	BOD AUF A	
Total Expenses:	NA	
Source of Funds	NA	
Transportation:	[X] University Vehicle	
	[] Public Conveyance	
Noted/Verifie	d:	
	CHARLIE S. ANDAN	
	Dean, College of Engineering & Tech	nology
RECOMMENDIN	IG APPROVAL:	
	JANNET C. BENCURE	
	Dean, College of Engineering & Tech	nology
	NA NA	
	In-charge of funds (If other than the	
	Dept/Office Head)	
NA	NA	
VP for Resear	ch & Extension Vice Pres. For Acade	emic
	Affairs	
APPROVED:		
	EDGARDO E. TULIN	

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:
LORNA B. ABAMO
Name of Travelling Employee
Noted/verified except Clearance from Nurse:

Name of Office Head/Supervisor