

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte 6521 Philippines

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TRAVEL REQUEST / ORDER

Date: <u>July 19, 2023</u>	
DHENBER C. LUSANTA	
Name Signature	
Designation : Project Leader	
Destination : Macrohon Leyte	
Date of Travel: July 20, 2023	
Purpose : To attend Horticulture, Team Building	
in Macrohon, Leyte	
Total Expenses :	
Source of Funds: ACIAR GAP 370	
Transportation: [x] University Vehicle	
[] Public Conveyance	
NOTED/VERIFIED:	
Chr. July	
JEROME O. ARRIBADO	
Immediate Supervisor	
DECOMMENDING ADDROVAL.	
RECOMMENDING APPROVAL:	
C/M-Smyl	
JEROMÉ O. ARRIBADO Officei Head	
Cince read	
DUENDED CHICANTA	
DHENBER/C. LUSANTA In-Charge of Fund/Project Leader	
MARIA JULIET C. CENIZA	
Vice President for Research Extension and Innovation	

APPROVED:

EDGARDO E. TULIN University President

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
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Certified Correct:

DHENBER C. LUSANTA Name of Travelling Employee

Noted/verified except Clearance from Nurse

Name of Immediate Supervisor