

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

**TRAVEL REQUEST / ORDER**

1/18/2023

Date

Name : LILIAN B. NUÑEZ  
Designation : Asso. Prof.5  
Destination : Inopacan, Leyte  
Date of Travel : January 19, 2023  
Purpose : To conduct FGD on agro-aqua tourism development for Brgy. Tinago, Inopacan, Leyte.

Signature

Total Expenses: \_\_\_\_\_  
Source of Funds: \_\_\_\_\_  
Transportation: [ ] University Vehicle  
[x] Public Conveyance

Noted/Verified:

MOISES NEIL V. SERIÑO

Immediate Supervisor

RECOMMENDING APPROVAL:

MOISES NEIL V. SERIÑO

Dean, College of Management &amp; Economics

In-charge of funds ( If other than the  
Dept/Office Head)

VP for Res, Extn. & Innovation

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
- 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:

LILIAN B. NUÑEZ  
Travelling Employee

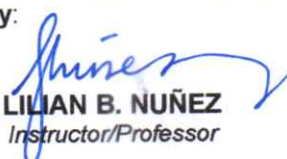
Noted/verified except Clearance from Nurse :

MOISES NEIL V. SERIÑO  
Name of Office Head/Supervisor



### ARRANGEMENT FOR CLASS(ES) MISSED

(To be attached to Application for Leave Form and/or Travel Order/Request)

<b>Name of Faculty</b>		<b>Department</b>		<b>Date of Filing</b>
LILIAN B. NUÑEZ		ISRDS		January 18, 2023
<b>Subject(s) Taught</b>	<b>Class Schedule</b>	<b>No. of Students</b>	<b>Arrangement for classes missed/ to be missed</b>	
NONE	NONE	NONE	NONE	
Reason(s) of:  a. Leave: Date(s): ___ Vacation ___ Sick ___ others (Pls. specify):		b. Travel: Date(s) <u>January 19, 2023</u>		
<b>Conforme:</b>  N/A (VC in lieu of classes) Name & Signature of person taking over the classes(s)		<b>Prepared by:</b>   LILIAN B. NUÑEZ Instructor/Professor		
<b>Approved by:</b>          MOISES NEIL V. SERIÑO Dean, CME Date: _____				

\*to be accomplished in 2 copies