

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

(For Faculty)

02-Jul-25

Date

	employee have no symptoms of Covid 19
ame : LEMUEL S. PRECIADOS	Invitation from the organizer of the activity/conference/
esignation : Study Leader Signature	meeting (if applicable)
estination : Tuburan, Cebu and Bantayan, Cebu	Certification from the organizer that social distancing
ate of Travel : July 5 - July 10, 2025	and other health/hygiene protocols against Covid 19
urpose : Conduct theory of change interview on women processors	will be observed for the duration of the activity
and seaweed farmers, and writeshop.	(if applicable)
(VSU-CTU PROJECT)	Quarantine passes issued by the destination LGU and if possible, together with passes from LGUs enroute to the destination
otal Expenses:	Strong justification from the requesting party duly
ource of Funds ViSCA Foundation for Agricultural	endorsed by the immediate supervisor on the
and Rural Development, Inc (ViFARD) Transportation: University Vehicle X Public Conveyance MARK C. RATILLA Office Head/Immediate Supervisor MARK C. RATILLA College Dean ALLEN GLENNIE P. LAMBERT	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
Project Leader	Certified Correct:
	LEMUEL S. PRECIADOS
	Name of Travelling Employee
SANTIAGO T. PEÑA JR. /P for Research & Extension /P for Research & Extension Vice Pres. Academic Affairs	
VP for Research & Extension Vice Pres. Academic Affairs	Noted/verified except Clearance from Nurse:
APPROVED:	
PROSE IVY G. YEPES	MARK C. RATILLA
President	Name of Office Head/Supervisor

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CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST

Medical Clearance from the VSU Infirmary that the

TO GO ON TRAVEL (please check):