

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

(For Faculty)

Feb. 26, 2025 Date

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Name	Lemuel S. Preciados	>
Designation	Assoc. Prof. IV Signature	_
Destination	Manila	
Date of Travel :	Feb. 27-28, 2025	
Purpose :	1. To attend the 2025 First PAEDA	
	Board of Directors Meeting and Turnover/	
	Oath Taking Ceremonies.	
	Attend training for RAPID Pesticide Testing	
	Testing for ACIAR IVC Project.	
Total Expenses:		
Source of Funds	PAEDA/ACIAR	
Transportation:	[] University Vehicle	
	[x] Public Conveyance	
Noted/Verified	MARK C. RATILLA Office Head/Immediate Supervisor]]
i	In-charge of funds (If other than the Dept/Office Head)	
SANTIAGO T. Vice Pres C	PENA,JR. ROTACIO S. GRAVOSO Vice Pres. Academic Affairs	
APPROVED:		
	PROSE IVY G. YEPES	
	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)	e/
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/health 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	r
Certified Correct:	
Name of Travelling Employee	
Noted/verified except Clearance from Nurse :	
Name of Office Head/Supervisor	