

OFFICIAL BUSINESS FORM		Date of OB
Name of Employee		
Department		
Destination		
Purpose		
Transport		
<input type="checkbox"/> Company Car	Plate No. _____	
<input type="checkbox"/> Private Car	Plate No. _____	
<input type="checkbox"/> Commute		
<input type="checkbox"/> Walk		
Noted by: _____		
Immediate Supervisor	HR Assistant/ Officer	
Approved by: _____		
Department Head (Manager/Director/CEO)		
This portion is to be filled-up by Validator/s only		
Time of Departure (work place)	_____	
Time of Arrival at Destination	_____	
Time of Departure from Destination	_____	
Confirmed by: _____		
Signature over Printed Name		
This portion is for security use only		
Date of Arrival	_____	
Time of Arrival	_____ Signature over Printed Name	
RRLC 418		

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Date of Arrival	_____	
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Date of Arrival	_____	
Time of Arrival	_____ Signature over Printed Name	
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