



REPUBLIC OF THE PHILIPPINES  
OFFICE OF THE PRESIDENT

NATIONAL COMMISSION ON INDIGENOUS PEOPLES

AFTER TRAVEL/ACTIVITY REPORT

Program/Activity/Project (PAP) : sample  
Actual Output : sample  
Cash Advance/TO Approval Date : 2025-10-13  
Period of Implementation : 2025-10-13  
Date of Submission : 2025-10-13

I. Background

sample

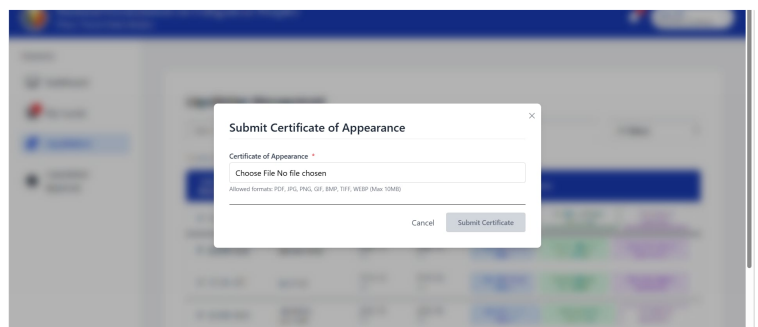
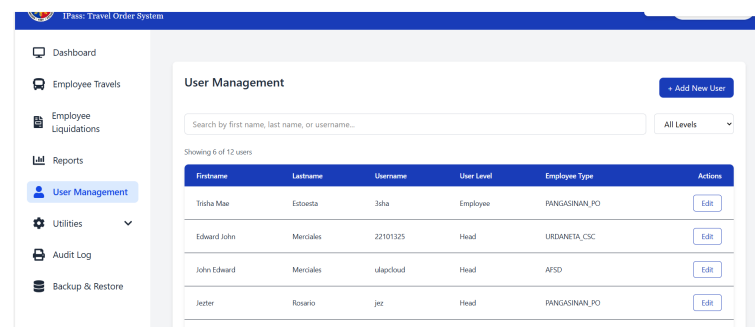
II. Highlights of Activity

sample

III. Ways Forward/Action Plan

sample

IV. Photo Documentation



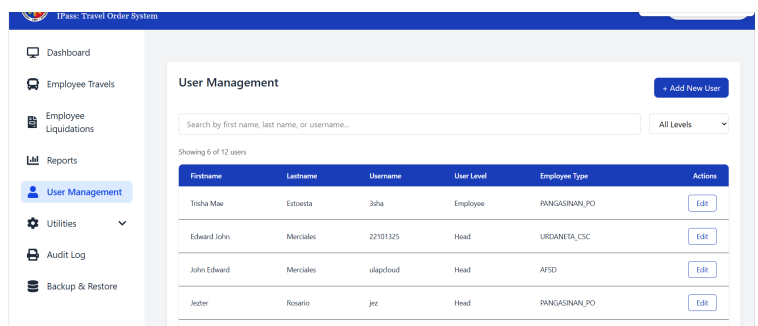
I CERTIFY THAT I have completed the travel authorized in the itinerary of Travel Order No. \_\_\_\_\_ with travel date/s \_\_\_\_\_ under conditions indicated below:

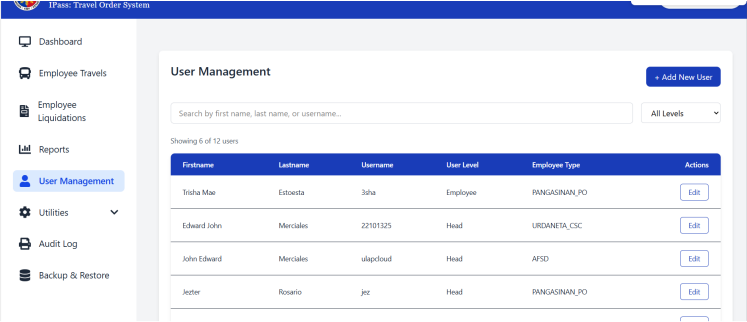
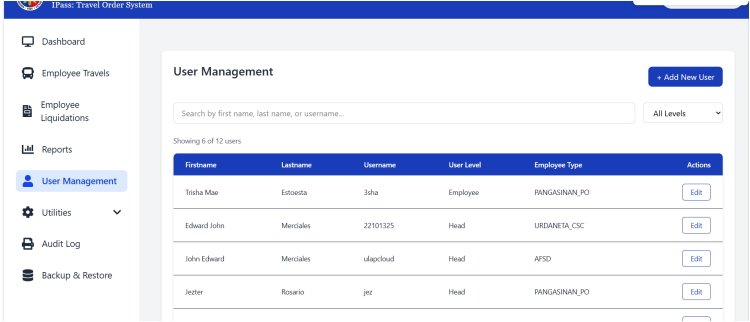
Strictly in accordance with the approved itinerary.  
Cut short as explained below. Excess payment in the amount of P \_\_\_\_\_  
was refunded under O.R. No. \_\_\_\_\_ dated \_\_\_\_\_.  
Extended as explained below. Additional itinerary was submitted.  
Other deviation as explained below.

Explanations or justifications:  
Private Vehicle Used  
Evidences of travel:  
Certificate of appearance  
Others:

Respectfully Submitted:

PERSON 1  
PERSON 2  
PERSON 3  
PERSON 4





V. Attachments

CTC,ATR,TO

Prepared By:

Jomar Aliba  
Administrative Aide I

Reviewed By:

Salud Dalog  
Administrative Aide III

Approved:

Atty. Atanacio Addog  
Administrative Aide II

\* submit in 3 copies

TMSD Chief: FBIC/ FPIC, Implementation of Funded/ Coordinated PAPs