



CERTIFICATE OF TRAVEL COMPLETED

*I HEREBY CERTIFY that I have completed the approved Itinerary of
Travel under the conditions indicated below:*



Strictly in accordance with the approved itinerary
Cut shortly as explained below, excess payment in the amount of _____
Other deviators as explained below.

Explanations/Justifications:

Deployment of BTVTED pre-service teachers 4th year students, last February 10-12, 2025

Evidence of travel attached hereto:

1. Invitation Letter
2. Certificate of Appearance
3. Travel Order
4. Receipt

Respectfully submitted:

JENA MAE F. VALERIO
Faculty

Approved:

ROMMEL M. LAGUMEN
Campus Director



Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
EJC Montilla, City of Tacurong, 9800
Province of Sultan Kudarat

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CERTIFICATION OF EXPENSES NOT REQUIRING RECEIPTS

Pursuant to COA Circular No. 2017-001 dated June 19, 2017

Name of Employee	ABRAHAM S. ACCAD		Employee No.
Office	SKSU - Isulan Campus		
Division			
No.	Date	Particulars	Amount
	2/10/2025	Station-Isulan National High School	25.00
		Isulan National High School to Biwang Datu Matilondo Galmak NHS	80.00
		Datu Matilondo Galmak NHS TO Busok NHS	100.00
		Busok NHS To SNA, NHS	200.00
	2/11/2025	Isulan Campus to Bambad NHS	60.00
		Bambad NHS to Lapuz, NHS	60.00
		Lapuz , NHS to Norala, NHS	20.00
		Norala, NHS To Panay , NHS	100.00
		Panay , NHS To Libertad NHS	100.00
		Libertad NHS To Malaya Banga, NHS	100.00
		Malaya Banga, NHS To T'boli, NHS	150.00
	2/12/25	Station to Esperanza, NHS	100.00
		Esperanza, NHS To Tacurong NHS	150.00
		Tacurong NHS To Lambayong NHS	150.00
		Lambayong NHS To Kalanawe II, NHS	150.00
		Total	1,545.00

Purpose:

Deployment of BTVTED pre-service teachers last February 10-12, 2025 .

I hereby certify that the above expenses are incurred as they are necessary for the above cited purpose that above cited purpose, that above good and services were acquired from party not issuing receipts. And that I am fully aware that willful falsification of statements is punishable by law.

	Certified correct	Noted by:
Signature		
Printed Name	ABRAHAM S. ACCAD	ROMMEL M. LAGUMEN