#### **ITINERARY OF TRAVEL**

#### **(IT)**

#### *INSTRUCTIONS*

1. This form shall be used by the official/employee of the agency/entity making the travel to show the detailed itinerary of travel and shall be attached to all claims for traveling expenses (cash advance for travel and actual expenses)
2. It shall be accomplished as follows:
3. **LGU** – name of the local government unit
4. **Fund** – the fund name
5. **No.** – number assigned to the IT by the Administrative/Travel Unit
6. **Name** – name of the official/employee going on travel
7. **Position –**position of the official/employee going on travel
8. **Official Station** – the official station of the official/employee going on travel
9. **Date of Travel**–schedule of travel
10. **Purpose of Travel -** purpose of travel based on the approved travel order
11. **Date***–* schedule of activities to be performed during the travel
12. **Places to be visited** –places where the activities are to be performed
13. **Time***–* time of departure from and arrival to places to be visited
14. **Means of Transportation** –means of transportation to be used such as plane, taxi, etc.
15. **Transportation**–amount of transportation expenses
16. **Per Diem**– amount of allowable traveling expense for subsistence and lodging
17. **Others–** amount of other allowable expenses to be incurred/incurred during the travel
18. **Total Amount**– total of transportation expense, per diem and other expenses
19. **Total** – vertical total of ‘Total Amount’ column
20. The “**Prepared by**” portion of the IT shall indicate the printed name of, and be signed by the official/employee going on travel.
21. The IT shall be certified by the Immediate Supervisor of the official/employee going on travel, as follows:

*I certify that (1) I have reviewed the foregoing itinerary, (2) the travel is necessary to the service, (3) the period covered is reasonable and (4) the expenses claimed are proper.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature over Printed Name*

*Immediate Supervisor*

1. The “**Approved by**” portion of the IT shall indicate the printed name of, and be signed by the Head of the Agency or his/her Authorized Representative.
2. This form shall be prepared in two copies distributed as follows:

*Original –* COA Auditor, through the Accounting Division/Unit, together with the supporting documents to be attached to the DV for cash advance of estimated traveling expenses or payment of actual traveling expenses

*Copy 2 –* Officer/Employee concerned