



QUALITY FORMS
MANUEL S. ENVERGA UNIVERSITY FOUNDATION
An Autonomous University
LUCENA CITY

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Document Title:

Travel Order

Page No:

1 of 1

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Department: **HUMAN RESOURCE DEPARTMENT**

Effectivity Date: January 2024

TRAVEL ORDER

Date: _____

TRAVEL REQUEST

Requesting Person: <i>(Put your signature beside your name)</i>		Department:	
Destination:			
Departure Date:		Return Date:	
Purpose of Travel:			
Travel Cost <i>(Include breakdown of expenses, if any)</i>			

A complete report in accordance with the existing regulations including tickets, invoices/receipts, pertinent papers and other data the administration may request shall be made five (5) days from the date of return. In case of failure to make this report at the specific time, the cash advance shall be charged against my salary.

Indorsed by:

For Travel Cost- If none, proceed to School Service Request
Recommending Approval:

Department Head's Name and Signature

CARLOS JAYRON A. REMIENDO
Comptroller

SCHOOL SERVICE REQUEST (If none, proceed to Travel Notification)

Driver: _____

Vehicle: _____

TRIZZIA MAREE Z. CASIÑO
School Transportation Coordinator

TRAVEL APPROVAL

Noted by:	 _____ DR. MARIA SYLVIA S. AVILA Director, Human Resource Department	Date: _____
Recommending Approval:	 _____ Vice President's Name and Signature	Date: _____
Approved by:	 _____ NAILA E. LEVERIZA President/COO	Date: _____

DISTRIBUTION LIST

Concerned department shall be furnished a copy of this approved travel order.

Human Resource Department _____

Vehicle Dispatcher _____

Accounting (for available travel cost only) _____