



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

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Document Title:

Travel Order

Page No:

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Revision No.: 12

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:	<b>DR. MARIA SYLVIA S. AVILA</b> Director, Human Resource Department	Date: _____
Recommending Approval:	Vice President's Name and Signature	Date: _____
Approved by:	<b>NAILA E. LEVERIZA</b> 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): \_\_\_\_\_