



Republic of the Philippines  
**EULOGIO "AMANG" RODRIGUEZ**  
**INSTITUTE OF SCIENCE & TECHNOLOGY**  
 Nagtahan, Sampaloc, Manila

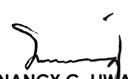
ENTITY NAME EARIST  
 FUND CLUSTER 164

**ITINERARY OF TRAVEL**

<b>NAME:</b>	NANCY G. LIWANAG	<b>DATE OF TRAVEL:</b>	APRIL 20-22, 2024
<b>POSITION:</b>	ASSISTANT PROFESSOR IV	<b>PURPOSE OF TRAVEL:</b>	PAPER PRESENTATION
<b>OFFICIAL STATION:</b>	EARIST CAVITE CAMPUS		

Date	Places to be visited (Destination)	T I M E		Means of Transportation	Transportation	Per Diem	Total Amount
		Departure	Arrival				
April 19, 2024	EARIST CAVITE to PASAY	8:00 A.M.	9:30 AM	Bus	100.00		100.00
	PASAY to BAGUIO	10:00 A.M.	5:00 P.M.	BUS	900.00		900.00
April 22, 2024	BAGUIO to PASAY	6:00 PM	12:00 AM	BUS	900.00		900.00
	PASAY to EARIS CAVITE	12:00 AM	2:30 AM	Bus	100.00		100.00
April 20, 2024						1,500.00	1,500.00
April 21, 2024						1,500.00	1,500.00
April 22, 2024						1,500.00	1,500.00

**TOTAL** **₱ 6,500.00**

<p>I certify that :</p> <p>(1) I have reviewed the foregoing itinerary,</p> <p>(2) the travel is necessary to the service,</p> <p>(3) the period covered is reasonable and</p> <p>(4) the expenses claimed are proper.</p> <p><b>DR. MARLENE M. MONTERONA</b></p> <p>Signature over Printed Name</p> <p>Immediate Supervisor</p>	<p><b>Prepared by:</b></p> <p>  <b>NANCY G. LIWANAG</b>          Official/Employee</p>
	<p><b>Approved by:</b></p> <p><b>DR. ROGELIO T. MAMARADLO</b></p> <p>Signature over Printed Name</p> <p>Agency Head/Authorized Representative</p>



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ENTITY NAME EARIST  
 FUND CLUSTER 164

### ITINERARY OF TRAVEL

<b>NAME:</b>	ROWEE M. MARFIL	<b>DATE OF TRAVEL:</b>	APRIL 20-22, 2024
<b>POSITION:</b>	ASSISTANT PROFESSOR I	<b>PURPOSE OF TRAVEL:</b>	PAPER PRESENTATION
<b>OFFICIAL STATION:</b>	EARIST CAVITE CAMPUS		

Date	Places to be visited (Destination)	T I M E		Means of Transportation	Transportation	Per Diem	Total Amount
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April 19, 2024	EARIST CAVITE to PASAY	8:00 A.M.	9:30 AM	Bus	100.00		100.00
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April 20, 2024						1,500.00	1,500.00
April 21, 2024						1,500.00	1,500.00
April 22, 2024						1,500.00	1,500.00

**TOTAL** ₱ **6,500.00**

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.  <b>DR. MARLENE M. MONTERONA</b> Signature over Printed Name Immediate Supervisor	<b>Prepared by:</b>   <b>ROWEE M. MARFIL</b> Official/Employee
	<b>Approved by:</b>  <b>DR. ROGELIO T. MAMARADLO</b> Signature over Printed Name Agency Head/Authorized Representative



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ENTITY NAME EARIST  
 FUND CLUSTER 164

### ITINERARY OF TRAVEL

<b>NAME:</b>	MA. LEE D. DE LOS REYES	<b>DATE OF TRAVEL:</b>	APRIL 20-22, 2024
<b>POSITION:</b>	INSTRUCTOR I	<b>PURPOSE OF TRAVEL:</b>	PAPER PRESENTATION
<b>OFFICIAL STATION:</b>	EARIST CAVITE CAMPUS		

Date	Places to be visited (Destination)	T I M E		Means of Transportation	Transportation	Per Diem	Total Amount
		Departure	Arrival				
April 19, 2024	EARIST CAVITE to PASAY	8:00 A.M.	9:30 AM	Bus	100.00		100.00
	PASAY to BAGUIO	10:00 A.M.	5:00 P.M.	BUS	900.00		900.00
April 22, 2024	BAGUIO to PASAY	6:00 PM	12:00 AM	BUS	900.00		900.00
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April 22, 2024						1,500.00	1,500.00

**TOTAL** **₱ 6,500.00**

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	<b>Approved by:</b>  <b>DR. ROGELIO T. MAMARADLO</b> Signature over Printed Name Agency Head/Authorized Representative

ENTITY NAME	EARIST
FUND CLUSTER	164

<b>NAME:</b>	GERLYN M. DOMINGO	<b>DATE OF TRAVEL:</b>	APRIL 20-22, 2024
<b>POSITION:</b>	ASSOCIATE PROFESSOR I	<b>PURPOSE OF TRAVEL:</b>	PAPER PRESENTATION
<b>OFFICIAL STATION:</b>	EARIST CAVITE CAMPUS		

TOTAL		P	6,500.00
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Agency Head/Authorized Representative

ENTITY NAME	EARIST
FUND CLUSTER	164

<b>NAME:</b>	CATHERINE D. DUMPIT	<b>DATE OF TRAVEL:</b>	APRIL 20-22, 2024
<b>POSITION:</b>	ASSISTANT PROFESSOR I	<b>PURPOSE OF TRAVEL:</b>	PAPER PRESENTATION
<b>OFFICIAL STATION:</b>	EARIST CAVITE CAMPUS		

TOTAL		P	6,500.00
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Agency Head/Authorized Representative

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 Nagtahan, Sampaloc, Manila

ENTITY NAME	EARIST
FUND CLUSTER	164

### ITINERARY OF TRAVEL

<b>NAME:</b>	MELVIN G. EBALLE	<b>DATE OF TRAVEL:</b>	APRIL 20-22, 2024
<b>POSITION:</b>	INSTRUCTOR I	<b>PURPOSE OF TRAVEL:</b>	PAPER PRESENTATION
<b>OFFICIAL STATION:</b>	EARIST CAVITE CAMPUS		

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TOTAL	P	6,500.00
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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.

Prepared by:

  
**MELVIN G. EBALLE**  
Official/Employee

Approved by:

DR. ROGELIO T. MAMARADLO

**DR. MARLENE M. MONTERONA**

Signature over Printed Name

Signature over Printed Name

Immediate Supervisor

Agency Head/Authorized Representative