

Republic of the Phippines  
Province of Oriental Mindoro  
**CITY OF CALAPAN**

**EMPLOYEE TRAVEL AUTHORIZATION FORM**

EMPLOYEE NAME		DEPARTURE DATE
DEPARTMENT		
POSITION TITLE		RETURN DATE
DESTINATION		

BUSINESS PURPOSE ( check one) ☐ Audit-Inspection-Licensing ☐ Client Support ☐ Conference  
☐ Construction Repair Maintenance ☐ Economic Development ☐ General Expençe/Other  
☐ Legal-Law Enforcement ☐ Legislator ☐ Meeting ☐ Training ☐ Seminar


**DETAIL of TRAVEL / PURP OSE OF TRAVEL**

**ACKNOWLEDGEMENT**

By Signing below , I certofy the requested travel is appropriate and necessary for conducting official State Business,and agree to c omply with CHRMD Memo Order No.37

SIGNATURE	DATE
-----------	------

**DEPARTMENT HEAD(or Design ee)AUTHORIZATION**

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
	
SIGNATURE OVER PRINTED NAME	DATE

**CERTIFICATE OF APPEARANCE**

This is to certify that \_\_\_\_\_ come to  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(ARRIVAL) (DEPARTURE)

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For whatever legal purpose it may serve.

\_\_\_\_\_