

Republic of the Philippines
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) <input type="checkbox"/> Audit-Inspection-Licensing <input type="checkbox"/> Client Support <input type="checkbox"/> Conference Construction Repair Maintenance <input type="checkbox"/> Economic Development <input type="checkbox"/> General Expence/Other <input type="checkbox"/> Legal-Law Enforcement <input checked="" type="checkbox"/> Legislator <input type="checkbox"/> Meeting <input type="checkbox"/> Training <input type="checkbox"/> Seminar		
DETAIL of TRAVEL / PURPOSE OF TRAVEL		
ACKNOWLEDGEMENT		
By Signing below, I certify the requested travel is appropriate and necessary for conducting official State Business, and agree to comply with CHRMD Memo Order No.37		
SIGNATURE	DATE	
DEPARTMENT HEAD(or Designee) 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.