

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) <input type="checkbox"/> Audit-Inspection-Licensing <input type="checkbox"/> Client Support <input type="checkbox"/> Conference <input type="checkbox"/> Construction Repair Maintenance <input type="checkbox"/> Economic Development <input type="checkbox"/> General Expence/Other <input type="checkbox"/> Legal-Law Enforcement <input 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 certofy the requested travel is appropriate and necessary for conducting official State Business,and agree to comply with CHRMD Memo Order No.37

SIGNATURE	DATE
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DEPARTMENT HEAD(or Designee)AUTHORIZATION

<input checked="" 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.
