

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) ☐ 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.
