

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 certify 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
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DEPARTMENT HEAD(or Design ee)AUTHORIZATION

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
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SIGNATURE OVER PRINTED NAME	DATE
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**CERTIFICATE OF APPEARANCE**

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

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

For whatever legal purpose it may serve.

\_\_\_\_\_