

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 Expence/Other  
 Legal-Law Enforcement  Legislator  Meeting  Training  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**



APPROVED

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.