

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 Expence/Other
☐ Legal-Law Enforcement ☐ Legislator ☐ Meeting ☐ Training ☐ 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 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.
