

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

X

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.