

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.