**TRAVEL ORDER No.** \_\_\_\_\_\_\_\_\_\_ , s. \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | | |  |
|  | | | |  | | | |  |
| *Name* |  | | | | | *Departure Date* | | |  |
|  | | | | | | | | |  |
| *Position*/*Designation* | | | |  | | *Return Date* | |  |  |
|  | | | | | | | |  | |
| *College*/*Office* | | |  | | | *Destination* | |  | |
|  | | | | | | | | | |
| *Purpose* | |  | | | | Official Business: | | | |
|  | |  | | | |  | with per diem only | | |
|  | |  | | | |  | with allowable transportation allowance only | | |
|  | |  | | | |  | with both per diem and allowable transportation allowance | | |
|  | |  | | | |  | on official time only | | |
| *Documents* | |  | | | |  |  |  | |
|  | |  | | | |  | Classes to be made-up on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | | | |  | Classes to be taken over by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | | | |  | Not applicable (if no classes/for Non- Teaching Personnel) | | |
|  | |  | | | | Vehicle may be used, if available  ***(to be approved by VP Admin. & Finance)***  Copy furnished HR for Professional Development purposes | | | |
|  | |  | | | |  | such as seminars, trainings and conferences  *Received by:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**ITINERARY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Date* | *Place* | *Time* | | *Transport* | *Fare* | *Travel*  *Expenses* | *Total*  *Amount* |
| *Arrival* | *Departure* |
|  |  |  |  |  |  |  |  |

CONCURRED:

|  |  |  |
| --- | --- | --- |
| ***Personnel*** |  | |
|  |  | |
| I certify the necessity and correctness  of the travel and itinerary. |  | Recommending Approval: |
| *Dean* / *Director* / *Head of Office* |  | *Vice President* |

Approved:

For and in behalf of the President

|  |  |  |
| --- | --- | --- |
|  |  |  |

*President*

**CERTIFICATE OF COMPLETED TRAVEL**

|  |  |
| --- | --- |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date* |

I certify that the travel authorized in the Travel Order No.\_\_\_\_ , s. \_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , was completed as follows:

* Strictly in accordance with the approved itinerary.

**□**Extended, in which the additional itinerary was submitted.

**□**Shortened, in which the excess payment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (₱\_\_\_\_\_\_\_\_\_\_)

was refunded in the TSU Official Receipt No. \_\_\_\_\_\_\_\_\_ dated\_\_\_\_\_\_\_\_\_\_\_.

**□**Other deviation. (*Specify and justify.*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evidences of the travel and Report of Travel are attached.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Personnel*

Based on the evidence and information, the travel was undertaken.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Dean* / *Director* / *Head of Office*

**CERTIFICATE OF APPEARANCE**

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of the Tarlac State University, appeared in this Office on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for the purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This is issued in compliance to the Republic Act No.3847, implemented by the

General Auditing Office Circular No. 88A, as the evidence of the appearance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed Name & Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Position/Designation*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address*