TRAVEL ORDER- for ALL EMPLOYEES

Name of Employee ___________________________________________

Department _________________________________________________

Destination _________________________________________________

Purpose ___________________________________________________

Duration from ____________________  to  _______________________

_____________________ _______________________

Signature of Employee    Signature of Head of Office

Date Signed ______________ Date Signed ______________

Date of Travel: ________________

Signature of Person Visited(if applicable)

1. use for one day or more, outside Legazpi & suburbs.
2. accomplish in triplicate: (employee, office/dep., hrmo)
3. submit to HRMO at the end of each month thru the head of office.