HRD
HUMAN RESOURCE DEPARTMENT
LEON GUINTO MEMORIAL COLLEGE INC.

TRAVEL ORDER

HRAS Form No. 004-23

EMPLOYEE NAME (LAST NAME) (FIRST NAME) (MIDDLE INITIAL)	DESIGNATION	DATE OF FILING (MM) / (DD) / (YYYY)

DEPARTMENT	DATE OF TRAVEL	EMPLOYEE SIGNATURE
	(MM) / (DD) / (YYYY)	

PURPOSE OF TRAVEL

Please provide appropriate reason to travel

	VENUE

OFFICIAL TRAVEL

Please check (✓) appropriate boxes

- ☐ Official Business
- ☐ Official Time

Your travel allowance and incidental expenses are chargeable against the appropriation intended for this purpose.

RECOMMENDING APPROVAL: APPROVED: RECEIVED BY:

SUPERVISOR/DEPARTMENT HEAD	EVELYN P. PARAFINA TREASURER	HR DEPARTMENT

EMPLOYEE'S COPY

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TREASURER'S COPY

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