**TRAVEL ORDER FORM**

No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Dated:

Position: Department:

Departure Date: Arrival Date:

Destination:

Purpose of Travel:

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

Per Diem/ Expenses Allowed:

Assistant or Laborers Allowed:

Appropriations to which travel should be charged (if applicable):

Remarks or special instructions (if applicable):

**C E R T I F I C A T I O N**

 This is to certify that the travel is necessary and is connected with the functions of the official/ employee of this Division/ Section/ Unit.

Recommended by: Approved by:

**A U T H O R I Z A T I O N**

 I hereby authorize the accountant to deduct the corresponding amount of unliquidated cash advance from my succeeding salary for my failure to liquidate this travel within the prescribed period upon return to my permanent official station pursuant to Company Travel Policy.

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

 Official/ Employee