



Control No: \_\_\_\_\_

Date: \_\_\_\_\_

Archbishop Gabriel M. Reyes St.  
5600 Kalibo, Aklan, Philippines

## AUTHORITY TO TRAVEL

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
\_\_\_\_\_

Purpose: \_\_\_\_\_

Time/Date of Departure : \_\_\_\_\_ Arrival: \_\_\_\_\_

### SEMINAR/EVENTS:

1. Organizer: \_\_\_\_\_  
(**Note:** attached the invitation)

2. Venue: \_\_\_\_\_ 3. Duration: \_\_\_\_\_

### EXPENSES:

Meals/Accommodation :=P= \_\_\_\_\_ Transportation :=P= \_\_\_\_\_

Registration :=P= \_\_\_\_\_ Others :=P= \_\_\_\_\_

**TOTAL** ..... :=P= \_\_\_\_\_

*☞ Cash Advance should be liquidated to the Office of Finance Department with corresponding receipts within two (2) days after reporting to the office.*

Recommending Approval:

\_\_\_\_\_  
Department Head

**ELEONOR R. TEOPY**  
HRD Officer

Approved:

**REV. FR. PAUL ANDREW BUENAVENTURA S. SAYON, V.**  
Vice President for Finance

**REV. FR. REYNOLD G. CORCINO**  
Vice President for Administration

**REV. FR. JOSE GUALBERTO I. VILLASIS, Ph.D.**  
Rector – President



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# Travel Completed Report

Name of Participant(s): \_\_\_\_\_  
\_\_\_\_\_

## Brief Description of the Activity:

Title : \_\_\_\_\_  
Objective : \_\_\_\_\_  
Organizer : \_\_\_\_\_  
Date/Duration : \_\_\_\_\_  
Venue : \_\_\_\_\_

## Activities Undertaken:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Lessons Learned: \_\_\_\_\_  
\_\_\_\_\_

Recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by:

\_\_\_\_\_  
(Name of Participants)



Please take note that **TCR** (Travel Completed Report) should be submitted 2 days after the seminar/trainings/workshops/conventions attended **OTHERWISE, NO** request shall be further granted.