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:

ELEONOR R. TEOPY
Department Head  HRD Officer

Approved:

REV. FR. PAUL ANDREW BUENAVENTURA S. SAYON, V.  REV. FR. REYNOLD G. CORCINO
Vice President for Finance  Vice President for Administration

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

http://www.acc.edu.ph; e-mail: acchrd_2006@yahoo.com.ph  Tel. No. (036) 268-4152; 268-9171; Fax No. (036) 268-4010
Travel Completed Report

Name of Participant(s): ______________________  ______________________  
                        ______________________  ______________________  

Brief Description of the Activity:

<table>
<thead>
<tr>
<th>Title</th>
<th>_____________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>_____________________________________________</td>
</tr>
<tr>
<td>Organizer</td>
<td>_____________________________________________</td>
</tr>
<tr>
<td>Date/Duration</td>
<td>___________________________________________</td>
</tr>
<tr>
<td>Venue</td>
<td>_____________________________________________</td>
</tr>
</tbody>
</table>

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.