**ITINERARY OF TRAVEL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date of Application:** | | | |  | | | **Official Station:** | | | |  | | | | |
| **Name:** |  | | | | | | | | **Position:** | | |  | | | |
| **Purpose of Travel:** | | |  | | | | | | | | | | | | |
| **Equivalent CPD Points:** | | | | | **Last Seminar Attended (Month/Year):** | | | | | | | | | | |
| **License Expiry Date:** | | | | | | | | **CPD Points Needed:** | | | | | | | |
| **2018** | | **Places to be Visited(Destination)** | | | **TIME** | | | **Means of Transportation** | | **Amount** | | | **Per Diem** | | **TOTAL** |
| **Departure** | **Arrival** | |
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| **TOTAL** | | | | | | | | | | | | | | **P** | |

*I certify that I have reviewed the following itinerary; the travel is necessary to the service; the period covered is reasonable; and the expenses claimed are proper.*

Prepared: Noted:

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Employee Dean/Immediate Head

Recommending Approval:

*Purpose of the Budgetary Request:*

*Cash Advance/Liquidation*

*Reimbursement*

*Please refer at the back for the process and requirements checklist. Thank you!*

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VP for Academic Affairs/VP for Administration & General Services

Approved:

**HERBERT GLENN P. REYES, Ph. D.**

SUC President