

**ITINERARY OF TRAVEL**

Entity Name : \_\_\_\_\_

Fund Cluster: \_\_\_\_\_

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

Name : _____	Date of Travel : _____
Position : _____	Purpose of Travel : _____
Official Station : _____	_____

Date	Places to be visited (Destination)	T I M E		Means of Transportation	Transpor- station	Per Diem	Others	Total Amount
		Departure	Arrival					

TOTAL

<p>I certify that : (1) I have reviewed the foregoing itinerary, (2) the travel is necessary to the service, (3) the period covered is reasonable and (4) the expenses claimed are proper.</p> <p style="text-align: center; margin-top: 20px;">_____ Signature over Printed Name Immediate Supervisor</p>	<p><b>Prepared by :</b></p> <p style="text-align: center; margin-top: 10px;">_____ Signature over Printed Name</p> <hr/> <p><b>Approved by:</b></p> <p style="text-align: center; margin-top: 10px;">_____ Signature over Printed Name Agency Head/Authorized Representative</p>
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