**CCUV No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF COLLEGE/OFFICE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **No. of Passengers:** \_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF ACTIVITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATURE OF ACTIVITY: Seminar/Workshop Immersion

Convention Extension Program

Competition Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VENUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCLUSIVE DATES AND TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT NOS.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIREMENTS:**

Approved Travel Order of Faculty Member/Personnel

Approved Compliance Checklist for Local Off-Campus Extra Curricular Activities of Students

Approved Letter / Invitation

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: Requirements must be submitted not later than three (3) days prior to the date of activity to ensure availability of vehicles and approval of vehicle.***

Submitted by:

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

(Signature over Printed Name) (Designation) Date

TO BE FILLED UP BY CAO-ASD.

**STATUS OF THE DOCUMENT:**

Approved on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ submitted trip ticket on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disapproved on \_\_\_\_\_\_\_\_\_\_\_\_ due to no available vehicle / no available driver

Waitlisted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ follow up on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checked by:

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

(Signature over Printed Name) Date

Clerk, CAO ASD

Approved / Noted by:

ISABELITA C. BENEDICTOS

Chief Administrative Officer – ASD