**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