

ITINERARY OF TRAVEL

Entity Name : _____

Fund Cluster: _____

No.: _____

Name : _____ Position : _____ Official Station : _____	Date of Travel : _____ Purpose of Travel : _____
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Date	Places to be visited (Destination)	T I M E		Means of Transportation	Transpor station	Per Diem	Others	Total Amount
		Departure	Arrival					

TOTAL

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.	Prepared by : _____ Signature over Printed Name
_____ Signature over Printed Name Immediate Supervisor	Approved by: _____ Signature over Printed Name Agency Head/Authorized Representative