T R A V E L O R D E R

NAME: ALAN L.			Salary:		
POSITION: OIC-PENR	Officer	-	Div./Sec./Unit:	Office of the PENRO	
DEPARTURE DATE:	March 9, 2023		Official Station: I	PENR Office	
DESTINATION:	Pola, Oriental Mindoro		Arrival Date : Ma	arch 10, 2023	
PURPOSE OF TRAVEL:	To attend meeting with Pola	a Oil Spill Task Force	e, Meeting with D	SWD,PCG,LGU and	
	Provincial Inter-agency Task Force/ Attend clean-up activity on affected Brgy. Of Pola				
Per Diems/Expenses Allow	ved :				
Assistants or Laborers Allo					
Appropriations to which tra	avel should be charged:				
Remarks or special instruct	tions :				
Certifications :					
This is to cer Div./Sec./Unit	rtify that the travel is necess	sary and is connecte	d with the functi	ions of the official/ employees of this	
Recommending Approval:		Approved by:			

DONNA MAYOR- GORDOVE, CESO IV Assistant Regional Direction

for Management Services

LORMELYN E. CLAUDIO, CESO IV

Regional Executive Director

AUTHORIZATION

I hereby authorize the Accountant to deduct the corresponding amount of the unliquidated cash advance from my succeeding salary for my failure to station pursuant to Commission on Audit (COA) Circular No. 2012-004 dated November 28, 2012.liquidate this travel within twenty (20) days upon return to pay permanent official.

ALANII VALLE
Official Employee

ITINERARY OF TRAVEL Department of Environment and Natural Resources Office-Provincial Office Agency No. ___ ALAN L. VALLE Name Please see attached travel order Purpose of Travel **EXPENSES** TIME Date Places to be visited Total Means of Per Diem Departure Arrival Expenses Transpo. Amount March 9 OS to Pola 4:00 am 6:00 am RP Vehicle 2,200.00 2,200.00 Pola to OS March 10 12:00 pm 1:50 pm RP Vehicle 1,100.00 1,100.00 3,300.00 3,300.00 Prepared by: I certify that: (1) I have reviewed the foregoing itenerary, (2) the travel is necessary to the service, (3) the period covered is reasonable and (4) the expenses claimed

LORMELYN E. CLAUDIO, CESO IV Regional Executive Director

are proper.

CERTIFICATE OF TRAVEL COMPLETED

(Agency H	lead)					
PENRO (Designati	ion)	PENRO OR MDO (Station)				
I CERTIFY THAT I I under conditions indi	have completed as travel authorize cated below:	ed in Itinerary Travel No.	dated			
	Strictly in accordance with approved itinerary					
	Cut short as explained below. Excess payment in the amount of P was refunded under O.R. No dated					
2,	Extended as explained below. Additional itinerary was submitted.					
	Other deviations as explained below					
Explanation of Justific	cation:					
Evidence of Travel:	*1					
	Used tickets					
	Certificate of Appearance					
	Others Travel Order					
	Respectfull	ALAN LYALLE Officer or Employee				

On evidence and information of which I have acknowledged, the travel was normally undertaken.

LORMELYN E. CLAUDIO, CESO IV

Regional Executive Director