



**MEMORANDUM**

**TO :** THE ASSISTANT REGIONAL DIRECTOR  
Technical Services and Management Services

**ALL PENROs and CENROs**

**ALL RO DIVISION CHIEFS**

**ALL HEADS OF OFFICES**  
RSCIG and NGP Coordinating Office

**FROM :** THE REGIONAL EXECUTIVE DIRECTOR

**SUBJECT :** SIGNATORIES OF LOCAL TRAVEL DOCUMENTS  
(Appendices "A" and "B")

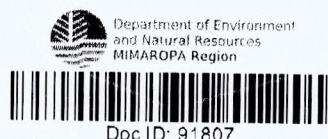
**DATE :** AUG 11 2022

As agreed during the Regional Management Conference held last 14-15 July 2022 to come up with a standard authorized signatories for Appendices "A" (Itinerary of Travel) and "B" (Certificate of Travel Completed), please be guided by the following:

SUPPORTING DOCUMENT	CERTIFYING/ RECOMMENDING APPROVAL	APPROVING AUTHORITY
Appendix "A"	Immediate Supervisor	<b>HEAD OF OFFICE</b>  <u>For initial by the following:</u> <ul style="list-style-type: none"><li>• RO - Supervising ARD</li><li>• PENR Office –Supervising DC</li><li>• CENR Office –CENR Officer</li></ul>
Appendix "B"	N/A	

For your guidance and compliance.

  
**LORMELYN E. CLAUDIO, CESO IV**



Name : _____		No.: _____
Position : _____		Date of Travel : _____
Official Station : _____		Purpose of Travel : _____

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.

Signature over Printed Name  
Immediate Supervisor

Prepared by :

Signature over Printed Name

Approved by:

Signature over Printed Name  
Agency Head/Authorized Representative



## ITINERARY OF TRAVEL (IoT)

### INSTRUCTIONS

- A. This form shall be used by the official/employee of the agency/entity making the travel to show the detailed itinerary of travel before and after the travel and shall be attached to all claims for traveling expenses (cash advance for travel and actual expenses). This shall be prepared by fund cluster.
- B. It shall be accomplished as follows:
1. **Entity Name** – name of the agency/entity
  2. **Fund Cluster** – the fund cluster name/code in accordance with the UACS
  3. **No.** – number assigned to the IoT by the Administrative/Travel Unit
  4. **Name** – name of the official/employee going on travel
  5. **Position** – position of the official/employee going on travel
  6. **Official Station** – the official station of the official/employee going on travel
  7. **Date of Travel** – schedule of travel
  8. **Purpose of Travel** – purpose of travel based on the approved travel order
  9. **Date** – schedule of activities to be performed during the travel
  10. **Places to be visited** – places where the activities are to be performed
  11. **Time** – time of departure from and arrival to places to be visited
  12. **Means of Transportation** – means of transportation to be used such as plane, taxi, etc.
  13. **Transportation** – amount of transportation expenses
  14. **Per Diem** – amount of allowable traveling expense for subsistence and lodging
  15. **Others** – amount of other allowable expenses to be incurred/incurred during the travel
  16. **Total Amount** – total of transportation expense, per diem and other expenses
  17. **Total** – vertical total of 'Total Amount' column
- C. The "Prepared by" portion of the IoT shall indicate the printed name of, and be signed by the official/employee going on travel.
- D. The IoT shall be certified by the Immediate Supervisor of the official/employee going on travel, as follows:

*"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.*

*Signature over Printed Name  
Immediate Supervisor"*

- E. The "Approved by" portion of the IoT shall indicate the printed name of, and be signed by the Head of Agency or his/her Authorized Representative.

- F. This form shall be prepared in two copies distributed as follows:

*Original* – COA Auditor, through the Accounting Division/Unit, together with the supporting documents to be attached to the DV for cash advance of estimated traveling expenses or payment of actual traveling expenses

*Copy 2* – Officer/Employee concerned



## CERTIFICATION OF TRAVEL COMPLETED

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

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

\_\_\_\_\_  
Director in-Charge\_\_\_\_\_  
Station

I HEREBY CERTIFY THAT I have completed the travel as authorized in the Travel Order/Itinerary of Travel No. \_\_\_\_\_ dated \_\_\_\_\_ under conditions indicated below:

- / x / Strictly in accordance with the approved itinerary.
- / / Cut short as explained below. Excess payment in the amount of  
p \_\_\_\_\_ was refunded under O. R. No. \_\_\_\_\_ dated \_\_\_\_\_
- / / Extended as explained below, additional itinerary was submitted
- / / Other deviation as explained below.

Explanation or justifications:  
\_\_\_\_\_Evidence of travel:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully submitted:

\_\_\_\_\_  
Name of Employee

On evidence and information of which I have the knowledge, the travel was actually undertaken.

Approved:

\_\_\_\_\_  
Name of Director  
Office

## **CERTIFICATE OF TRAVEL COMPLETED (CTC)**

### *INSTRUCTIONS*

- A. The CTC is a form used by officers/employees concerned to confirm that he/she has completed the travel or otherwise, based on the approved itinerary. It is one of the supporting documents to liquidate cash advances for travel. It shall be prepared by fund cluster.
- B. This form shall be accomplished as follows:
1. **Entity Name** – name of the agency/entity
  2. **Fund Cluster** – the fund cluster name/code in accordance with the UACS
  3. **Director in-Charge** – shall be signed by the Director in-Charge of the office
  4. **Station** – the station where the officer/employee is assigned
  5. **Justification** – reason why the travel is not in accordance with the approved itinerary
  6. **Evidence of travel** – documents used, such as plane tickets, boarding passes, certificate of appearance, etc.
  7. **Certification** – the certification on the report shall be signed by the official/employee who made the travel on the last sheet of the report after the totals
  8. **Name of Employee** – name and signature of the official/employee who made the travel
  9. **Approved** – signature of the approving officer
- C. It shall be prepared in two (2) copies and shall be distributed as follows:
- |                 |  |
|-----------------|--|
| <i>Original</i> | – COA Auditor, through the Accounting Division/Unit, together with the LR and other supporting documents |
| <i>Copy 2</i>   | – Official/Employee's File   |