

ITINERARY OF TRAVEL

Entity Name Fund Cluste	e: F <u>ar North Luzon Gener</u> er:	al Hospital and	Training Cer	nter		No. :		
Name : Position : Official Station :				Date of Travel : Purpose of Travel :				
Date	Places to be visited (Destination)	TIN Departure	ME Arrival	Means of Transportation	Transportation	Per Diem	Others	Total Amount
	(Destination)	Departure	Ailivai	1 i anspoi tation				
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				
•		. 131		Approved by :	<u> </u>	D 137		
Signature over Printed Name Immediate Supervisor				Signature over Printed Name Agency Head/Authorized Representative				