	PHILIPPINE COUNCIL FOR AGRICULTURE AND FISHERIES Quality Management System Work Instruction **TRAVEL ORDER FORM**	PCAF-WI12-RF01 Version 2 *Reference Number* *Date:*

Name:	
Position/Designation:	Employment Status:
Official Station:	Organization (For CB only):
Departure Date:	Return Date:
Destination:	
Specific Purpose of the Trip:	
Appropriation to which travel should be charged:	
Remarks or special instructions (if any):	
RECOMMENDING APPROVAL: Signature over printed name	**APPROVED:** Signature over printed name

	PHILIPPINE COUNCIL FOR AGRICULTURE AND FISHERIES Quality Management System Work Instruction **TRAVEL ORDER FORM**	PCAF-WI12-RF01 Version 2 *Reference Number* *Date:*

Name:	
Position/Designation:	Employment Status:
Official Station:	Organization (For CB only):
Departure Date:	Return Date:
Destination:	
Specific Purpose of the Trip:	
Appropriation to which travel should be charged:	
Remarks or special instructions (if any):	
RECOMMENDING APPROVAL: Signature over printed name	**APPROVED:** Signature over printed name