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

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):	
<b>RECOMMENDING APPROVAL:</b>  _____ Signature over printed name	<b>APPROVED:</b>  _____ Signature over printed name



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