AT Number:

**AUTHORITY TO TRAVEL**

**(STUDENT)**

NAME:

OFFICIAL STATION:

DESTINATION:

PURPOSE OF THE TRAVEL:

ESTIMATED EXPENSE:

CHARGEABLE AGAINST:

EXPECTED DATES OF TRAVEL:

Requested by:

 (Name of Student)

Recommending Approval:

 **JENNIFER RUTH C. TUAZON**

 Dean for Student Services and Development

Funds Available:

 **REXON T. DAMAYAN**

 Director for Accounting Services

 (Accountant III)

 Approved by:

 **EDGAR G. CUE**

 SUC President III

**NOTE:**

1. Recommending Approval portion of this form shall be initialed by the Program Chairperson of the student, before the SSDO Dean approves.
2. Funds Available portion of this form shall be initialed by the Director for Budget & Fiscal Planning before the Accountant signs.
3. Approval shall be initialed by the Chief of Staff (COS) of the Office of the President (OP) before the University President finally approves.