

Endorsing Office:

The undersigned endorses the following employee/s to attend the

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Participant/s:	Designation	Employment Status

Endorsed by: _____ Department Head/Head of Agency

CHRMO Evaluation

- Compliant** with the PDC Guidelines.
 Not compliant with the PDC Guidelines.

Required Supporting Documents:

- Filled out Routing Slip Proposed Itinerary
 Training Invitation Travel Order (Noted by Head)

Approved Estimated Cost:

Registration Fee: _____
 Accommodation: _____
 Remarks: _____

Charisse Diane M. David
HRMO IV

CACCO Pre-Audit

Approved Estimated Travelling Allowance:

Per Diem: _____
 Transportation: _____

Required Supporting Documents:

- Complete
 Incomplete

Remarks: _____

Ms. Monette C. Nolasco
Administrative Officer V

PDC Remarks

- Attendance to training is **approved**
 Attendance to training is **dissapproved**

Remarks: _____

Mr. Kim John N. Sagun
PDC Chairperson

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Remarks: _____

Ms. Monette C. Nolasco
Administrative Officer V

PDC Remarks

- Attendance to training is **approved**
 Attendance to training is **dissapproved**

Remarks: _____

Mr. Kim John N. Sagun
PDC Chairperson