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| --- |
| **LOCATOR SLIP****REGION: MIMAROPA REGION****BUREAU/DIVISION/SCHOOL:**  |
| **Date of Filing** |  |
| **NAME** |  |
| **Permanent Station**  |  |
| **Position/Designation** |  |
| **Purpose** |  |
| **Please Check** |  Official Business Official Time |
| **Destination** |  |
| **Date and Time of Event /****Transaction / Meeting** |  |
| Signature of Requesting Official/EmployeeDate:  | **Approved:**Head of Office or his/her Authorized RepresentativeDate:  |
| **C E R T I F I C A T I O N**This is to certify that the above employee appeared in this Office for the above purpose.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature over printed name Position Date***(Note: This portion shall be filled out by the Official/authorized personnel of the Office visited.)*** |

\*The accomplished and signed Locator Slip shall serve as the authority to travel.