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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/Employee  Date: | | **Approved:**    Head of Office or his/her Authorized Representative  Date: |
| **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.