

**DBP SERVICE CORPORATION**  
 2nd Floor Executive Building Centre, Sen. Gil Puyat Ave. Corner  
 Makati Avenue, Makati City Philippines 1200

**ACTUAL ITINERARY OF TRAVEL**

NAME :  
 POSITION :  
 STATION : **PMO-SOCSARGEN -**  
 PURPOSE :

| Date | Places to be Visited | T I M E   |         | Means of Transport | Allowable Expenses |                 | Total Amount |
|------|----------------------|-----------|---------|--------------------|--------------------|-----------------|--------------|
|      |                      | Departure | Arrival |                    | Transp.            | Daily Allowance |              |
|      |                      |           |         |                    |                    |                 |              |
|      |                      |           |         |                    |                    |                 |              |
|      |                      |           |         |                    |                    |                 |              |
|      |                      |           |         |                    |                    |                 |              |
|      |                      |           |         |                    |                    |                 |              |

Total Claim

\_\_\_\_\_

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I Certify that:

1. I have received the foregoing itinerary
2. The travel is necessary to the service
3. The period covered is reasonable
4. The expenses claimed are proper

Prepared by:

\_\_\_\_\_

Approved by:

\_\_\_\_\_