



ISO 9001:2015 Certified

# Central Luzon State University

Science City of Muñoz, 3120 Nueva Ecija, Philippines



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## MEMORANDUM NO. 2023-10-11 (05)

**TO: ALL CONCERNED PERSONNEL**  
**FROM: THE UNIVERSITY PRESIDENT**  
**DATE: OCTOBER 11, 2023**  
**SUBJECT: PRESCRIBED FORMAT FOR THE REPORT ON OFFICIAL FOREIGN TRAVELS**

This is to reiterate that all CLSU personnel who undertake official foreign travels are **REQUIRED** to submit a formal written report to the Office of the President within fifteen (15) days upon completion of the travel; copies of which must also be forwarded to the office of the concerned vice president and the International Affairs Office.

Attached is the prescribed format to ensure the completeness of the report for documentation, reportorial and other official purposes.

For your guidance and strict compliance.

  
**EDGAR A. ORDEN**

University President

Cc: Records Office



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## OFFICIAL TRAVEL REPORT

Activity Title/Date or Duration/Venue:

Name of Participant:

Designation/Agency:

### **Funding Source/Amount of Support**

(State itemized actual provision, or if not available, estimated expenses)

### **Highlights/Major Decisions**

If possible and so far as may be applicable, identify and give information on the following:

- Knowledge and Technologies Diffused
- New Knowledge and Technologies Generated
- S&T Human Resources Developed
- Quality S&T Services Provided
- Conducive S&T Policy Environment Created
- Growth of Innovative and Knowledge-based SMEs
- R&D Capacity Enhanced
- Public S&T awareness Improved

### **Recommended Follow-Through Actions**

- Follow-up actions/activities
- Local application of technologies learned

### **Impressions/Observations/Insights**

- Recent developments in the field of specialization Status of S&T in the host country
- Controversial issues arising from the discussion Outstanding reactions/comments from co-participants
- Other personal observations

### **Linkages Established**

(Include photocopy of calling cards/or a list of contacts with address/contact number and nature of linkage)

### **Comments by Agency Head**

Signature/Date

Signature of Head of Agency/Date