**REQUEST FOR THE PARTICIPATION OF CLMD PERSONNEL IN RO-FD ACTIVITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Functional Division (Requesting Party)** |  | | |
| **Title of the Activity** |  | | |
| **Objective of the Activity** |  | | |
| **Inclusive Dates** |  | | |
| **Venue** |  | | |
| **TOR / Expected Output from CLMD Personnel** |  | | |
| **Requested by** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name | \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| **Approved** | **VIERNALYN M. NAMA**  CLMD Chief | \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| **Other Important Matters:**  Travel Authority  Trip Ticket  Accommodation (*if applicable*) | | | |
| **Approved** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name | \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| **Remarks** |  | | |

**Note:** Please attach the following:

**Regional Memorandum  Activity Matrix**