Annex A



CHECKLIST OF REQUIREMENTS FOR PERSONAL TRAVEL ABROAD (In compliance with Department Order No. 049-2019 of DOF)

NAME:	DATE OF TRAVEL:						
POSITION TITLE:	PURPOSE OF TRAVEL:						
PLACE OF ASSIGNMENT:	DATE RECEIVED:						
A. Personal Travel							
· · · · · · · · · · · · · · · · · · ·							
1. Letter request seeking permission to travel about	road duly indorsed by the Regional						
Director, if applicant is from Regional Office, or							
concerned, if applicant is from National Office;							
2. Approved application for vacation/sick leave;							
3. Certification of no pending administrative case f	rom Internal Investigation Division						
4. Certification of no unliquidated cash advance;							
5. Sworn statement of the applicant attested by th							
A. duration of travel, place of destin	ation and purpose;						
B. estimated cost of the trip;							
C. who will finance the trip;							
C.1. If travel is for personal accou							
	the applicant for the preceding tax year or						
	d was substituted filing of ITR.						
• •	ent of Assets, Liabilities and Net Worth						
, , ,	y the Personnel Division, if assigned at the						
	MD, if assigned at the Region office.						
C.2. If travel is on other person's a	CAN						
	BIR 2316 if availed substituted filing of ITR are of the person giving support for travel.						
(for Filipino Citizen)	ar of the person giving support for traver.						
	of financial capacity to support the travel.						
(if to be financed by no	1 1 200° °						
NA 6. Written justification addressed to the Secretary	179, 44						
will fall short of the ten (10) working day lead t	No. 1 864 6 9 8420 420.						
NA 7. National/Regional Office Clearance (if leave is on							
NA 8. Medical Certificate by the attending physician, if							
Sick leave purposes;	which is the second of the sec						
. Sick tears purposes,	The second secon						
Supplemental Requirements per Unnumbered Memora	andum dated April 29, 2024						
,							
1. Certification from the Head of Office attesting t							
operations of the office and that the applicant l							
2. List of breakdown of expenses indicating estimates							
estimated pocket money, food expense, tour/ri							
3. If applicable, letter under oath explaining the ca	apacity/urgency of the travel for applicants who:						
☐ Have insufficient/no more leave credits.	C) and Ah						
☐ Have previous foreign trips for the last six (
	cing such as housing loan, etc. which consequently lead						
to minimal take home pay.							
	Prepared by:						
	· ·						

Compensation and Benefits Section Personnel Division

Note: All application for permit for personal travel abroad must be submitted to Personnel Division not later than thirty (30) calendar days before the date of travel. The Personnel Division shall return without action any request which is found inconsistent with the issued memorandum/checklist.



Recommending Approval:

Name of Head of Office Position/Place of Assignment



REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF INTERNAL REVENUE Quezon City



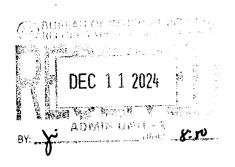
Date_

THE COMMISSIONER OF INTERNAL REVENUE BIR, National Office Building Agham, Road, Quezon City	
Sir:	
I would like to request permission to leave the country for p and Country) on (duration of travel). The said travel is persona government expenses.	
Attached are the pertinent documents relative to this travel.	
	Very truly yours,
	Name Position/Designation

1st Indorsement (Date of Indorsement)

Respectfully forwarded to the Commissioner of Internal Revenue thru: The Chief, Personnel Division, the herein request of NAME, POSITION/RANK AND PLACE OF ASSIGNMENT for permission to travel abroad on DESTINATION AND DURATION OF TRAVEL for necessary action.

> Assistant Commissioner/Chief of Staff/Regional Director Place of Assignment



REPUBLIC OF THE PHILIPPINES)
CITY OF MANILA)S.S

Doc. No. ______
Page No. _____
Book No. _____
Series of _____

AFFIDAVIT

.i, [FIRST NAME MI. SURNAME],	a Filipino	citizen of	legal age,	residing at	[address],
after being duly sworn in accord	ance with I	aw, do hei	reby depos	e and state:	

- 1. I am currently employed as an [Position Title] at the Department of Finance (DOF), specifically assigned to the [Office].
- 2. I have requested permission to undertake a personal trip to [Country] from [DD to DD Month YYYY].
- 3. I affirm that the estimated cost of my personal travel, amounting to [PhpXX,XXX], will be fully covered by my personal funds, thereby involving no expenditure from government funds.
- 4. I am executing this Affidavit to fulfill one of the requirements for obtaining the appropriate Travel Authority and for any other lawful purposes it may serve.

IN WITNESS WHEREOF,	l have	hereunto	set r	ny han	d this	 day	of,	in
Manila, Philippines.								

[FIRST NAME MIDDLE NAME SURNAME] Affiant

SUBSCRIBE AND SWORN to before me this Philippines, The Affiant exhibited has presented to as proof of identification.	,	• • • • • • • • • • • • • • • • • • • •
Notary Public		

	A. F. W. E.	or and the	ar 41 mi	A D
10 TO 200	DEC	1 1 20	124	
	7 G 7 X	eren k). Ref V S (2



REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE **BUREAU OF INTERNAL REVENUE**

REVENUE DELEGATION AUTHORITY ORDER NO. __



า	view	of	the	approved	leave	of	(First	Name,	Middle	Initial,	Last	Name)

(Designation), (Place of Assignment) from (period of travel), and in order not to disrupt the operation of (Place of Assignment of requesting official), as the exigencies of the service so require, the following documents shall be signed by (Frist Name, Middle Initial, Last Name of Designated Official), (Designation), (Place of Assignment):

- 1.
- 2.
- 3.

(Name of Designated Official) is also authorized to perform other act/s as are or may be necessary and indispensable in the speedy collection of internal revenue taxes.

This Order shall take effect on (first day of the travel period) and shall be automatically revoked upon the return of (Name of applying official) for official duty.

> ROMEO D. LUMAGUI, JR. **Commissioner of Internal Revenue**

Memo Format Specs: Main Text bri, 13 pt
Alignment sustified, Single Spaced

Footnotes: Calibri, 8 pt Page: 1" All Sides, A4

[three spaces from start of document]

Annex D-2

MEMORANDUM

FOR

[FIRST NAME M.I. SURNAME]

Secretary of Finance

THRU

[FIRST NAME M.I. SURNAME]

[Position], PDMSG

FROM

Name of Applicant [FIRST NAME M.I. SURNAME]

[Position, Office]

SUBJECT

Request for Approval: Travel Authority to [Venue] on [DD to

DD Month YYYY]

DATE

[DD Month YYYY]

- 1. Action Requested. This is to respectfully request for the Secretary's approval of the official travel of the abovesigned to [Country] on [DD to DD Month YYYY] (exclusive of travel time) to attend the [workshop/seminar/meeting/event]:
- 2. Background. [Provide justification for the need to travel and the corresponding expenses that will be chargeable to the government and those that will be sponsored, if applicable]
- 3. Recommendation. Foregoing considered, the attached Request for Travel Authority (RTA) Form is submitted for the Secretary's approval.

For the Secretary's approval. Thank you.

APPROVED / DISAPPROVED:

[NAME OF SECRETARY] Secretary of Finance



ANNEX D-3



REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE **BUREAU OF INTERNAL REVENUE**

BAGONG PILIPINAS

MEMORANDUM

(First Name M.I. Surname of delegated official)

(Position/Designation) (Place of Assignment)

FROM

TO

(First Name M.I. Surname of Official applying for PPTA)

(Position/Designation) (Place of Assignment)

SUBJECT

Request for Approval of Delegation of Officer-in-Charge due to

Personal Travel Abroad to (Country to visit) from (period of travel)

Date

DD / MM / YYYY

In view of the personal travel abroad of Mr./Ms. (First Name M.I. Surname of official applying for PPTA), (Position/Designation), assigned at (Place of Assignment), Mr./Ms. (First Name, M.I. Surname of delegated official), (Position/Designation), assigned at (Place of Assignment), is hereby designated as Officer-in-Charge, (Place of Assignment of official applying for PPTA) as such, he/she is authorized to perform acts as may be necessary in the ordinary course of operations of the office.

This Memorandum shall take effect on the said period and shall be automatically revoked upon the return Mr./Ms. (Last name of official applying for PPTA) as (Position/Designation of official applying for PPTA).

All concerned shall be guided accordingly.

APPROVED / DISAPPROVED:

:

Concerned Assistant Commissioner/Regional Director

बहुद ताहिता, बिहुद एक के न के दें जैस्प्रेटीय



REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF INTERNAL REVENUE Quezon City



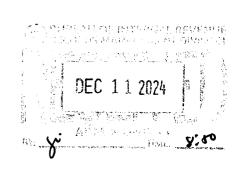
MEMORAN	DUM		Control No.					
FOR	:		mmissioner Management Group					
SUBJECT	:		or permission/authority to travel for Requesting Personnel)					
DATE	:	***************************************						
NAME		-,	:					
POSITION/E	DESIGN	IATION	:					
PLACE OF	ASSIGI	NMENT	:					
DESTINATION	ON		:					
DURATION			:					
PURPOSE			:					
FUNDS TO I	BE PRO	OVIDED BY	:					

RECOMMENDING APPROVAL:

(Deputy Commissioner Concerned)
Place of Assignment

P-1

APPROXIMATE TOTAL EXPENSES:





REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF INTERNAL REVENUE Quezon City



MEMORAND	UM		Control No
FOR	:	Deputy Commissioner Resource Management Group	
SUBJECT	:	Request for permission/authority to travel for (Name or Requesting Personnel)	
DATE	:		
NAME		:	
POSITION/DE	ESIGNA	TION :	
PLACE OF A	SSIGN	MENT :	
DESTINATIO	N	:	
DURATION		:	
PURPOSE		:	
FUNDS TO B	E PROV	IDED BY :	

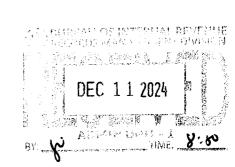
RECOMMENDING APPROVAL:

(Deputy Commissioner Concerned)
Place of Assignment

APPROXIMATE TOTAL EXPENSES:

(Deputy Commissioner)
Resource Management Group

P-1







Republic of the Philippines Department of Finance Bureau of Internal Revenue Quezon City





REQU	JEST FOR	R TRAVEL AUTH	ORITY (RTA)			
Name						
Position/Designation				Salar	y Grade	
Office Agency						
GFI/GOCC Board Resolution, if applicable	T				☐ Approved	
Activity Organized/ Sponsored By (please ch	neck)					
□ National Government □		Organization	☑ No	t Applicable: P	ersonal Travel	
☐ Foreign Government; International Gove			vernment Organ	ization		
☐ Private Organization through their Gove			-			
Nature of Travel		☐ Official		☑ Pers	onal Travel	
Period Covered		From:		To:		
☐ Inclusive of Travel Time ☐ Exclusive of Trave	l Time					
Destination (City/ies & Country/ies)	***************************************					
Purpose of Travel						
Travel Expenses (check applicable entitlements fo	or Official T	ravel, subject to ac	counting and aud	liting rules and r	egulations)	
Particulars	GOP (spe	ecify)	Sponsor (speci	ify)	Self Funded	
1. Pre-Departure					<u> </u>	
2. Clothing Allowance					No	
3. Airfare (economy/business)					government	
4. Daily Subsistence Allowance (DSA)		A CHIMNEY OF	transfer being being	2.1.1	expense shall	
(indicate area)		. (C. 1945) 17. 17. 1940) <u></u>			be incurred in	
a. Accommodation (UNDP/actual)		The state of the s		1	connection	
b. Meals		DEC	1 2024		with the	
c. Incidental					requested	
5. Travel Insurance		k SEKRAD GAS "S SEEGHE		_1	personal	
6. Tuition/Registration Fee		5V	8.	50	travel.	
7. Others:						
·						
Other Conditions/Remarks (indicate legend)					**	
Foreign Travels Within the Last 12 months (A	ttach Sep	arate List if More	Than Three [3]	Travels)		
TA No. / Particulars	Co	ountry/ies	Dat	te/s	Nature	
				·········		
ENDORSED BY Commissioner of Internal Revenue/Deputy Commissioner-RMG						
CERTIFICATION OI	F FUNDS /	AVAILABLE (FOR	GOP FUNDING (ONLY)		
BUDGET DIVISION/OFFICE			ACCOUNTING	G DIVISION/OF	FFICE	

Website: www.bir.gov.ph Trunkline: 8981-7000; 8929-7676





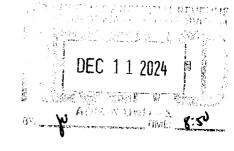
REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE **BUREAU OF INTERNAL REVENUE**

Quezon City



National Office Building Bringing In Revenues for Nation-building

	AUTHORITY TO TRA	VEL				
Travel Authority No.						
Name						
Position and Salary Grade						
Agency/Office						
If from a GOCC	☐ Board Resolution/En	dorsement f	rom Head of	Agency		
Activity Organized/Sponsored by (please check)	☐ National Governmen ☐ Foreign Government International Goverr ☐ Private Organization Phil. Government ☐ Private Organization	t or Internation oment Organ through thei	ization			
Period Covered	From: To: (dd/mm/yy) (dd/mm/yy)					
Nature of Travel	☐ Official Travel		Persona			
Purpose of Travel						
Destination (City & Country)			•			
Expenses (subject to the usual				_		
accounting and auditing rules and regulation)	□ GOP	□ Sp	onsor	☑ Self		
 Pre-Departure Clothing Allowance Airfare Daily Subsistence Allowance Accommodation Meals Travel Tax Travel Insurance PCR Test Visa Fee Tuition/Registration Fee Others Travels within the last 24 months 	Destination -	Dura	tion	Nature -		
	-	-		-		
Post-travel	reportorial requiremen	oved by:	cable)	-		
Commission	er of Internal Revenue/S	Secretary of	the Denad	tment of Finance		





REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF INTERNAL REVENUE National Office Building

Quezon City



Date:
Commissioner of Internal Revenue BIR, National Office Building Diliman, Quezon City
Dear Sir,
This is in connection with the letter dated of Mr/Ms, (Position/Item), (SG), assigned at (Place of Assignement), (National Office/Regional Office), this Bureau, requesting that his/her application for permit to travel abroad to (Destination) from (Duration of Approved Travel) which was previously approved by your Office be cancelled. (please see attached).
It is hereby recommended the above-named request be given due course.
Thank you.
Very truly yours,
Deputy Commissioner Resource Management Group
APPROVED/DISAPPROVED
Commissioner of Internal Revenue
Date Approved:

P-1

DEC 1 1 2024

8:40



REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF INTERNAL REVENUE National Office Building

Quezon City



• • • • • •
Date:
Secretary of Finance Department of Finance Roxas Boulevard corner Pablo Ocampo, Sr., Street Manila 1004
Dear Sir/Madam,
This is in connection with the letter dated of Mr/Ms, (Position/Item), (SG), assigned at (Place of Assignement), (National Office/Regional Office), this Bureau, requesting that his/her application for permit to travel abroad to (Destination) from (Duration of Approved Travel) which was previously approved by your Office be cancelled. (please see attached).
It is hereby recommended the above-named request be given due course.
Thank you.
Very trůly yours,

Commissioner of Internal Revenue

P-1

DEC 11 2024