**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

(for SDO employees & School Heads)

|  |  |
| --- | --- |
| **NAME** |  |
| **Position/Designation** |  |
| **Permanent Station** |  |
| **Purpose of Travel***(must be supported by attachment)* |  |
| **Host of Activity** |  |
| **Inclusive Dates** |  |
| **Destination** |  |
| **Fund Source** |  |
| *I hereby attest that the information on this form and in the supporting documents attached hereto are true and correct:*   Name and Signature of Requesting Employee Date |
| **RECOMMENDING APPROVAL***This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.* **CHRISTOPHER C. BENIGNO EdD, PhD, CESO VI** AssistantSchools Division Superintendent Date |
| **APPROVED** **SORAYA T. FACULO PhD, CESO VI**  Schools Division Superintendent Date |

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

(for Teaching & School-Based Non-teaching Personnel/Destination within the Division)

|  |  |
| --- | --- |
| **NAME** |  |
| **Position/Designation** |  |
| **Permanent Station** |  |
| **Purpose of Travel***(must be supported by attachment)* |  |
| **Host of Activity** |  |
| **Inclusive Dates** |  |
| **Destination** |  |
| **Fund Source** |  |
| *I hereby attest that the information on this form and in the supporting documents attached hereto are true and correct:*   Name and Signature of Requesting Employee Date |
| **APPROVED***This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.* **SORAYA T. FACULO PhD, CESO VI**  Schools Division Superintendent Date |

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

(for Teaching & School-Based Non-teaching Personnel/Destination outside the Division)

|  |  |
| --- | --- |
| **NAME** |  |
| **Position/Designation** |  |
| **Permanent Station** |  |
| **Purpose of Travel***(must be supported by attachment)* |  |
| **Host of Activity** |  |
| **Inclusive Dates** |  |
| **Destination** |  |
| **Fund Source** |  |
| *I hereby attest that the information on this form and in the supporting documents attached hereto are true and correct:*  Name and Signature of Requesting Employee Date |
| **RECOMMENDING APPROVAL***This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.*School Head Date |
| **APPROVED** **SORAYA T. FACULO PhD, CESO VI**  Schools Division Superintendent Date |

 **TRAVEL AUTHORITY FOR PERSONAL TRAVEL**

|  |  |
| --- | --- |
| **NAME** |  |
| **Position/Designation** |  |
| **Permanent Station** |  |
| **Inclusive Dates** |  |
| **Destination** |  |
| *I hereby attest that the information in this form and in the supporting documents attached hereto are true and**correct.* |
| Name and Signature of Requesting Employee *Date* |
| **RECOMMENDING APPROVAL** **SORAYA T. FACULO PhD, CESO VI** **Assistant Schools Division Superintendent** **Officer-in-Charge** **Office of the Schools Division Superintendent** |
| Name and Signature of Recommending Authority  |  |
| **APPROVED** **ESTELA P. LEON-CARIÑO EdD, CESO III** **Director IV/Regional Director**  |
| Name and Signature of Approving Authority *Date* |