

TO NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORITY TO TRAVEL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Filing:** *(Month day, year)* |  | | | |
| **Name** | | **Position/Designation** | | **Signature/Remarks** |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| **Official Station:** | |  | | |
| **Destination:** | |  | | |
| **Date of travel:** *(inclusive of travel time)* | |  | | |
| **Purpose:** | | To….. | | |
| **Activity organized/ sponsored by:** | |  | | |
| **Travel is on:** | | Official Business Official Time | | |
| **Legal basis:** | | DepEd Memo  DepED Advisory  Invitation Letter  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Expenses covered:** *(subject to the usual accounting and auditing rules and regulations)* | | Travelling Expense | | |
| **Fund source:** | | Local Funds Sub-ARO No.: \_\_\_\_\_\_\_\_\_\_\_\_  HRTD  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Check/Tick if applicable:** | | | | |
| With Government Vehicle  With Registration Fee | | | | |
| **Recommending Approval:** | | | **Approved:** | |
| **CHIEF/PRINCIPAL**  *Position/Designation*  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **EDUARDO C. ESCORPISO JR. EdD, CESO VI**  *Assistant Schools Division Superintendent*  *Officer-in-Charge*  *Office of the Schools Division Superintendent*  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ | |