MEMORANDUM

To: OIC, Office of the Asst. Schools Division Superintendent
   Chiefs, CID and SGOD
   Education Program Supervisors
   Public Schools District Supervisors
   Public Elementary and Secondary Schools
   All Other Concerned

From: DR. ROMMEL C. BAUTISTA, CESO V
       Schools Division Superintendent

SUBJECT: INTERNAL AUTHORITY TO TRAVEL FORMAT

Date: September 10, 2018

Please be informed that new form for the Internal Authority to Travel for SDO personnel and school teaching and non-teaching personnel are attached to this Memorandum for your reference.

The official signatories of the travel authority are the following:

<table>
<thead>
<tr>
<th>Office</th>
<th>Requested by</th>
<th>Recommending Approval</th>
<th>Funds Available</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division Office</td>
<td>ASDS/Chiefs</td>
<td>N/A</td>
<td>Division Accountant</td>
<td>Schools Division Superintendent</td>
</tr>
<tr>
<td>School (IUs)</td>
<td>School Head</td>
<td>Public Schools District Supervisor</td>
<td>Bookkeeper</td>
<td></td>
</tr>
<tr>
<td>School (Non. IUs)</td>
<td></td>
<td></td>
<td>Division Accountant</td>
<td></td>
</tr>
</tbody>
</table>

The abovementioned form will be used when attending seminars, conferences, meetings, and other concerns within CALABARZON only.

For your information and guidance

@01SDS

"EDUKASYONG TAPAT AT SAPAT PARA SA LAHAT"
# Internal Authority to Travel

**Division Reference Number**

**Date**

**NAME OF OFFICIAL/EMPLOYEE**

**DESIGNATION & STATION**

<table>
<thead>
<tr>
<th>Purpose:</th>
</tr>
</thead>
</table>

| Destination: |

<table>
<thead>
<tr>
<th>Period of Travel</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Please Check:</th>
</tr>
</thead>
</table>
| 1. Official Business  
   • Cash Advance  
   • Reimbursement |
| 2. Official Time  
   (NO EXPENSE to be incurred by the Division Office/School) |

<table>
<thead>
<tr>
<th>Estimated Expenses</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Registration Fee</th>
<th>Transportation</th>
<th>Travel Allowance</th>
</tr>
</thead>
</table>

| On Travel Time only  
   Full Allowance |

<table>
<thead>
<tr>
<th>TOTAL ESTIMATED EXPENSES</th>
<th>Php</th>
</tr>
</thead>
</table>

**Requested by:**

School Head

**Funds Available** for Official Business (specify the source of funds)

- [ ] Division Fund
- [ ] LSB Fund
- [ ] Others: __________

**Approved:**

DR. ROMMEL C. BAUTISTA, CESO V  
Schools Division Superintendent

**Noted:**

- [ ] On Official Time Only
- [ ] Other Funds:

MRS. RAQUEL F. ESGUERRA  
Division Accountant III

**REMARKS:**
# Internal Authority to Travel

**Division Reference Number** | **Date** | **NAME OF OFFICIAL/EMPLOYEE** | **DESIGNATION & STATION** | **Click or tap to enter a date.**
--- | --- | --- | --- | ---

**LAST NAME, FIRST NAME MI**

**PURPOSE:**

**DESTINATION:**

<table>
<thead>
<tr>
<th>Period of Travel</th>
<th>From</th>
<th>Click or tap to enter a date.</th>
<th>To</th>
</tr>
</thead>
</table>

**Please Check:**

1. Official Business  
   - Cash Advance  
   - Reimbursement

2. Official Time  
   (NO EXPENSE to be incurred by the Division Office/School)

**Estimated Expenses:**

- Registration Fee
- Transportation
- Travel Allowance  
  - On Travel Time only  
  - Full Allowance
- TOTAL ESTIMATED EXPENSES

<table>
<thead>
<tr>
<th>Funds Available - for Official Business (specify the source of funds)</th>
<th>Approved:</th>
<th><strong>Dr. Rommel C. Bautista, CESO V</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Division Fund</td>
<td>Schools Division Superintendent</td>
<td></td>
</tr>
<tr>
<td>LSB Fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Requested by:**

Immediate Head  
(ASDS/Chiefs)

**Noted:**

- On Official Time Only  
- Other Funds:

**MRS. RAQUEL F. ESQUIERRA**  
Division Accountant III

**REMARKS:**