



Republic of the Philippines  
Department of Education  
Region IV-A CALABARZON  
**CITY SCHOOLS DIVISION OF ANTIPOLO**



**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:

Office	Requested by	Recommending Approval	Funds Available	Approved
Division Office	ASDS/Chiefs	N/A	Division Accountant	Schools Division Superintendent
School (IUs)	School Head	Public Schools District Supervisor	Bookkeeper	
School (Non- IUs)			Division Accountant	

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

For your information and guidance

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Republic of the Philippines  
Department of Education  
Region IV-A CALABARZON  
**CITY SCHOOLS DIVISION OF ANTIPOLO**

Code:  
DF01-01SDS-18

Effectivity date:  
September 10, 2018

Version No:  
1.0

Office/Unit:

Revision No:  
00

**Office of the Schools  
Division Superintendent**

Subject:

## Internal Authority to Travel

<b>Division Reference Number</b>		<b>Date</b>	Click or tap to enter a date.*
<b>NAME OF OFFICIAL/EMPLOYEE</b>		<b>DESIGNATION &amp; STATION</b>	
_____			
<small>LAST NAME, FIRST NAME MI</small>			
<b>PURPOSE:</b>			
<b>DESTINATION:</b>			
<b>Period of Travel</b>	<b>From</b>	Click or tap to enter a date.	<b>To</b>
<b>Please Check: -</b> 1. <input type="checkbox"/> Official Business <input type="checkbox"/> Cash Advance <input type="checkbox"/> Reimbursement  2. <input type="checkbox"/> Official Time <small>(NO EXPENSE to be incurred by the Division Office/School)</small>		<b>Estimated Expenses-</b> Registration Fee                   Php _____ Transportation                      _____ Travel Allowance                    _____ On Travel Time only              _____ Full Allowance                        _____ <p style="text-align: right;">TOTAL ESTIMATED <b>EXPENSES</b>           Php _____</p>	
<b>Requested by:</b>	<b>Funds Available-</b> for Official Business (specify the source of funds)	<b>Approved:</b>	
_____	<input type="checkbox"/> Division Fund <input type="checkbox"/> LSB Fund <input type="checkbox"/> Others: _____ _____		
<b>Recommending Approval:</b>	<b>Noted:</b>	<b>DR. ROMMEL C. BAUTISTA, CESO V</b> Schools Division Superintendent	
_____	<input type="checkbox"/> On Official Time Only <input type="checkbox"/> Other Funds:  <b>MRS. RAQUEL F. ESGUERRA</b> Division Accountant III		
<b>REMARKS:</b>			



