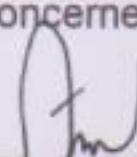




## MEMORANDUM

TO : OIC – Assistant Schools Division Superintendent  
Division Chiefs  
Elementary and Secondary School Heads  
All Others Concerned

FROM :  **DR. ROMMEL C. BAUTISTA, CESO V**  
City Schools Division Superintendent

SUBJECT : **SUBMISSION OF DOCUMENTS BY PARTICIPANTS OF THE 2018  
CONFERENCE OF BASIC EDUCATION RESEARCHERS – SOUTHEAST  
ASIA**

DATE : November 29, 2018

As supporting documents for the financial assistance from the Special Education Fund (SEF) to the participants of the 2018 Conference of Basic Education Researchers – Southeast Asia last November 27 – 29, 2018 at the De La Salle Health and Sciences Institute, Dasmariñas City, Cavite, all concerned attendees are directed to submit to the Division Office the following documents with an attached checklist and placed in a long brown envelope, not later than Tuesday, December 4, 2018, Attention: Planning and Research Section

1. Properly filled up and signed Itinerary of Travel
2. Photocopy of Certificate of Participation and Recognition
3. Original Copy of Certificate of Appearance
4. Original Official Receipts of transportation expenses
  - 4.a. Signed Certificate of Expenses Not Requiring Receipts (for transactions below Php300), if applicable
5. Original Official Receipts of accommodation expenses

Wide dissemination of this Memorandum is earnestly desired.

UM-623S, 2018  
@ala-sgod





ITINERARY OF TRAVEL

Entity Name: \_\_\_\_\_  
 Fund Cluster: \_\_\_\_\_

No.: \_\_\_\_\_

|                         |                          |
|-------------------------|--------------------------|
| Name: _____             | Date of Travel: _____    |
| Position: _____         | Purpose of Travel: _____ |
| Official Station: _____ |                          |

| Date          | Places to be visited<br>(Destination) | T I M E   |         | Means of<br>Transportation | Transporta<br>tion | Per<br>Diem | Incidental<br>Expenses | Total<br>Amount |
|---------------|---------------------------------------|-----------|---------|----------------------------|--------------------|-------------|------------------------|-----------------|
|               |                                       | Departure | Arrival |                            |                    |             |                        |                 |
| Nov. 27, 2018 |                                       |           |         |                            |                    | 80.00       | 160.00                 |                 |
| Nov. 28, 2018 |                                       |           |         |                            |                    |             | 160.00                 |                 |
| Nov. 29, 2018 |                                       |           |         |                            |                    | 80.00       | 160.00                 |                 |

TOTAL -

|   |  |
|---|--|
| I certify that : (1) I have reviewed the foregoing itinerary, (2) the travel is necessary to the service, (3) the period covered is reasonable and (4) the expenses claimed are proper. | Prepared by :<br><br>  |
|   | Signature over Printed Name  |
|   | Approved by:<br><br>   |
| Signature over Printed Name<br>Immediate Supervisor   | Signature over Printed Name<br>Agency Head/Authorized Representative |