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Republic of the Philippines

Department of Education

**Region V**

**SCHOOLS DIVISION OF SORSOGON PROVINCE**

**Sorsogon**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

|  |  |
| --- | --- |
| **NAME** |  |
| **Position/ Designation** |  |
| **Permanent Station** |  |
| **Purpose of Travel**  (must be supported by attachments**)** |  |
| **Host of Activity** |  |
| **Inclusive Dates** |  |
| **Destination** |  |
| **Fund Source** |  |
| *I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Requesting Employee Date* | |
| *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.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **BERNIE C. DESPABILADERO**  *Date*  *Recommending Authority* | |
| **APPROVED**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **WILLIAM E. GANDO, CESO VI**Date  *Approving Authority* | |
| **C E R T I F I C A T I O N**  This is to certify that the above employee appeared in this Office for the above purpose.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature over Printed Name) (Position) (Date)  **(Note: *This portion shall be filled out by the Official/Authorized personnel of the Office visited)*** | |