



No.:

Republic of the Philippines  
Department of Education  
Region VII  
SCHOOLS DIVISION OF TOLEDO CITY

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

|                                                                                                                                                                                                                    |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| NAME                                                                                                                                                                                                               |                                 |
| Position/ Designation                                                                                                                                                                                              |                                 |
| Permanent Station                                                                                                                                                                                                  |                                 |
| Purpose of Travel<br>(must be supported by attachments)                                                                                                                                                            |                                 |
| Host of Activity                                                                                                                                                                                                   |                                 |
| Inclusive Dates                                                                                                                                                                                                    |                                 |
| Destination                                                                                                                                                                                                        |                                 |
| Fund Source                                                                                                                                                                                                        | ETHYL D. DESTURA<br>AO V-Budget |
| <i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>                                                                                     |                                 |
| <div>Name and Signature of Requesting Employee</div> <div>Date</div>                                                                                                                                               |                                 |
| <i>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.</i> |                                 |
| <div>Name and Signature of Recommending Authority</div> <div>Date</div>                                                                                                                                            |                                 |
| APPROVED:                                                                                                                                                                                                          |                                 |
| <div>JOSEPH IRWIN A. LAGURA PhD<br/>Schools Division Superintendent</div> <div>Date</div>                                                                                                                          |                                 |