



Republic of the Philippines
 Department of Education
 Region V

SCHOOLS DIVISION OF SORSOGON
 Sorsogon



AUTHORITY TO TRAVEL

REGION: V
BUREAU/DIVISION/SCHOOL: Sorsogon

Control No.

Date of Filing:

NAME:

Position / Designation:

Permanent Station:

Purpose of Travel:

**Activity Organized /
 Sponsored By:**

**Period Covered
 (Inclusive of Travel Time)**

Please check:

Official Business

Official Time

Venue / Destination:

Expenses Covered

(Subject to the usual accounting and auditing rules and regulations)

Fund Source:

MOOE

Recommending Approval:

Approved:

CERTIFICATION

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.)