



AUTHORITY TO TRAVEL
Division of Quezon

DEPED-4A-GF082002-17

DOCUMENT NO.	VERSION NO. 1.1	REVISION NO. 0.1	DATE: 9 November 2017	Page 1 of 1
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Division Reference Number		Click or tap here to enter text.		
NAME OF OFFICIAL/EMPLOYEE		DESIGNATION & STATION		
<p>MANGUAIT, ODESSA B. FLORDELIZ, REGGIE INJOSA, PABLITO GESMUNDO, SHARON GARBOLO, JARESON S. IBASCO, LORENA LAURENA, JURMAINE RASHEED B. OLLER, THREVER SHANE S. SAAVEDRA, RAENIEL T. JAVATE, EMMANUEL JOSHUA BALINGBING, RON HOWARD DE VILLA, RITCHIE EMMANUEL</p> <p><small>LASTNAME, FIRSTNAME MI</small></p>		<p>HT VI / RECTO MEM. NHS T III / AMONTAY NHS T III/ QUEZON NHS MT / DAGATAN CES COACH / GUMACA NHS COACH/ QUEZON NHS CONTESTANT/ GUMACA NHS CONTESTANT/ GUMACA NHS CONTESTANT/ GUMACA NHS CONTESTANT/ QUEZON NHS CONTESTANTS/ QUEZON NHS CONTESTANT / QUEZON NHS</p>		
PURPOSE: to attend Regional Festival of Talent - Mathematics				
DESTINATION: Bauan Technical High School, Division of Batangas				
PERIOD OF TRAVEL	FROM	13 Nov 2017	TO	15 Nov 2017
Please Check:		Estimated Expense		
<p>1. <input checked="" type="checkbox"/> Official Business <input type="checkbox"/> Cash Advance <input type="checkbox"/> Reimbursement</p> <p>2. <input type="checkbox"/> Official Time <small>(NO EXPENSE to be incurred by the Division Office/School)</small></p>		<p>Registration Fee _____</p> <p>Transportation _____ Php _____</p> <p>Travel Allowance _____ Php _____</p> <p>On Travel Time only _____</p> <p>Full Allowance _____</p> <p>TOTAL ESTIMATED EXPENSES Php _____</p>		
Requested by:		Funds Available- for Official Business (specify the source of funds)		Approved:
<p><i>CEA</i> CELESTINA M. ALBA, Ed. D. Education Program Supervisor</p>		<input type="checkbox"/> Division Fund <input type="checkbox"/> LSB Fund <input checked="" type="checkbox"/> Others: _____		<p><i>[Signature]</i> MERTHEL M. EVARDOME, CESO VI Schools Division Superintendent</p>
Recommending Approval:		Noted		
<p><i>[Signature]</i> GERLIE M. ILAGAN, Ed. D. Assistant Schools Division Superintendent</p>		<input type="checkbox"/> On Official Time Only <input checked="" type="checkbox"/> Other Funds: _____		
		SUSAN P. FONTARUM Division Accountant		
REMARKS:				

DEPED QUEZON ICT
 UPLOADED BY: *Gian*
 DATE: *11/13/17* TIME: *1:15*
 REFERENCE NO: *10119-17*