



ISO 9001 : 2015

**AUTHORITY TO TRAVEL**  
Division of Quezon

**DEPED-4A-GF082002-17**

DOCUMENT NO.	VERSION NO. 1.1	REVISION NO. 0.1	DATE: 09 November 2017	Page 1 of 1
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<b>Division Reference Number</b>		Click or tap here to enter text.		
<b>NAME OF OFFICIAL/EMPLOYEE</b>		<b>DESIGNATION &amp; STATION</b>		
<b>CABANAG, MARIA LOURDES</b> <small>LASTNAME, FIRSTNAME MI</small>		<b>PUBLIC SCHOOLS DISTRICT SUPERVISOR</b>		
<b>PURPOSE:</b> to facilitate the Region Wide Training on K -3 Early Language Literacy and Numeracy (ELLN) Program: Professional Development Component				
<b>DESTINATION:</b> Sevillas Resort, Barangay Domoit Lucena City				
<b>PERIOD OF TRAVEL</b>	<b>FROM</b>	<b>November 17, 2017</b>	<b>TO</b>	<b>November 20- 24, 2017</b>
<b>Please Check:</b>		<b>Estimated Expense</b>		
1. <input checked="" type="checkbox"/> Official Business		Registration Fee _____		
<input type="checkbox"/> Cash Advance		Transportation _____ Php _____		
<input type="checkbox"/> Reimbursement		Travel Allowance _____ Php _____		
2. <input type="checkbox"/> Official Time		On Travel Time only _____		
<small>(NO EXPENSE to be incurred by the Division Office/School)</small>		Full Allowance _____		
		TOTAL ESTIMATED EXPENSES _____ Php _____		
<b>Requested by:</b>		<b>Funds Available-</b> for Official Business (specify the source of funds)		<b>Approved:</b>
LORENA S. WALANGSUMBAT, Ed. D. Education Program Supervisor		<input type="checkbox"/> Division Fund		
		<input type="checkbox"/> LSB Fund		
<b>Recommending Approval:</b>		<input checked="" type="checkbox"/> Others: _____		MERTHEL M. EVARDOME, CESO VI <i>Schools Division Superintendent</i>
GERLIE M. ILAGAN, Ed. D. <i>Assistant Schools Division Superintendent</i>		<b>Noted</b>		
		<input type="checkbox"/> On Official Time Only		
		<input type="checkbox"/> Other Funds:		
		<b>SUSAN P. FONTARUM</b> Division Accountant		
<b>REMARKS:</b>				

DEPED QUEZON ICT  
 UPLOADED BY: Gilan  
 DATE: 11-13-17 TIME: 1:26  
 REFERENCE NO: 10120-17



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DATE:  
09 November 2017

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**Division Reference Number**

Click or tap here to enter text.

**NAME OF OFFICIAL/EMPLOYEE**

**DESIGNATION & STATION**

**DUMAS, ESTRELLA  
LICAROS, NIMFA**  
LASTNAME, FIRSTNAME MI

**PRINCIPAL I TIAONG I  
HEAD TEACHER III/ TIAONG I**

**PURPOSE: to facilitate the Region Wide Training on K -3 Early Language Literacy and Numeracy (ELLN) Program: Professional Development Component**

**DESTINATION: Sevillas Resort, Barangay Domoit Lucena City**

**PERIOD OF TRAVEL**

**FROM**

**November 13-17, 2017**

**TO**

**November 20-24, 2017**

**Please Check:**

- Official Business  
 Cash Advance  
 Reimbursement
- Official Time  
(NO EXPENSE to be incurred by the Division Office/School)

**Estimated Expense**

Registration Fee \_\_\_\_\_

Transportation Php \_\_\_\_\_

Travel Allowance Php \_\_\_\_\_

On Travel Time only \_\_\_\_\_

Full Allowance \_\_\_\_\_

**TOTAL ESTIMATED EXPENSES** Php \_\_\_\_\_

**Requested by:**

**LORENA S. WALANGSUMBAT, Ed. D.**  
Education Program Supervisor

**Funds Available-** for Official Business (specify the source of funds)

- Division Fund
- LSB Fund
- Others: \_\_\_\_\_

**Approved:**

**MERTHEL M. EVARDOME, CESO VI**  
Schools Division Superintendent

**Recommending Approval:**

**GERLIE M. ILAGAN, Ed. D.**  
Assistant Schools Division Superintendent

**Noted**

- On Official Time Only
- Other Funds:

**SUSAN P. FONTARUM**  
Division Accountant

**REMARKS:**

**DEPED QUEZON ICT**  
UPLOADED BY: Gara  
DATE: 11/13/17 TIME: 1:26  
REFERENCE NO: T0120-17



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DATE:  
09 November 2017

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**Division Reference Number**

Click or tap here to enter text.

**NAME OF OFFICIAL/EMPLOYEE**

**DESIGNATION & STATION**

**CALAYAG, MARIA FATIMA U**

**PUBLIC SCHOOLS DISTRICT SUPERVISOR**

LASTNAME, FIRSTNAME MI

**PURPOSE: to facilitate the Region Wide Training on K -3 Early Language Literacy and Numeracy (ELLN) Program: Professional Development Component**

**DESTINATION: Sevillas Resort, Barangay Domoit Lucena City**

**PERIOD OF TRAVEL**

**FROM**

**November 14, 2017**

**TO**

**November 21-22, 2017**

**Please Check:**

1.  Official Business

Cash Advance

Reimbursement

2.  Official Time

(NO EXPENSE to be incurred by the Division Office/School)

**Estimated Expense**

Registration Fee

Transportation

Travel Allowance

On Travel Time only

Full Allowance

TOTAL ESTIMATED

**EXPENSES**

Php \_\_\_\_\_

Php \_\_\_\_\_

Php \_\_\_\_\_

**Requested by:**

**LORENA S. WALANGSUMBAT, Ed. D.**  
Education Program Supervisor

**Funds Available-** for Official Business (specify the source of funds)

Division Fund

LSB Fund

Others: \_\_\_\_\_

**Approved:**

**MERTHEL M. EVARDOME, CESO VI**

*Schools Division Superintendent*

**Recommending Approval:**

**GERLIE M. ILAGAN, Ed. D.**

*Assistant Schools Division Superintendent*

**Noted**

On Official Time Only

Other Funds:

**SUSAN P. FONTARUM**

*Division Accountant*

**REMARKS:**

**DEPED QUEZON ICT**  
UPLOADED BY: Gilan  
DATE: 11-13-17 TIME: 1:20  
REFERENCE NO: 10120-17