|  |  |  |  |
| --- | --- | --- | --- |
| **Division Reference Number** | Click or tap here to enter text. | **Date** | Click or tap to enter a date.**\*** |
| **NAME OF OFFICIAL/EMPLOYEE** | **DESIGNATION & STATION** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| *LAST NAME, FIRST NAME MI \** |  |
| **PURPOSE:**Click or tap here to enter text. |
| **DESTINATION:** Click or tap here to enter text.**\*** |
| **PERIOD OF TRAVEL** | **FROM** | Click or tap to enter a date.**\*** | **TO** | Click or tap to enter a date.**\*** |
| **Please Check: \***1. [ ] Official Business

 [ ] Cash Advance [ ] Reimbursement1. [ ] Official Time (NO EXPENSE to be incurred by the Division Office/School)
 | **Estimated Expense\*** |
|  | Registration Fee | Php |  |
|  | Transportation |  |  |
|  | Travel Allowance |  |  |
|  |  | On Travel Time only |  |  |
|  |  | Full Allowance |  |  |
|  |  |  | TOTAL ESTIMATED |  |  |
|  |  |  |  | **EXPENSES** | Php |  |
| **Requested by:****\*****NAME OF SCHOOL HEAD***Designation* | **Funds Available**- for Official \* Business (specify the source of funds) [ ] Division Fund [ ] LSB Fund [ ] Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Noted** [ ] On Official Time Only [ ] Other Funds:**NAME**Division Accountant/Bookkeeper \* | **Approved:****CARLITO D. ROCAFORT***Schools Division Superintendent /OIC- Office of the Assistant Regional Director* |
| **Recommending Approval: \*** **DONATO G. BUENO, Ed. D.***OIC- Schools Division Superintendent* |
| **REMARKS:** |

|  |  |
| --- | --- |
| **Name** | **Designation/Station** |
|  |  |