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| **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  Reimbursement   1. 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**  *OIC- Assistant Schools Division Superintendent* | | **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:**  **NAME**  *OIC-Schools Division Superintendent* | | | | |
|  | |
| **REMARKS:** | | | | | | | | | | | | | | |

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