

AUTHORITY TO TRAVEL

CONTROL NO:

REGION:

BUREAU/DIVISION/SCHOOL:

DATE OF FILING	
NAME	
PERMANENT STATION	
POSITION/DESIGNATION	
PURPOSE OF TRAVEL	
ACTIVITY ORGANIZED/ SPONSORED BY	
PERIOD COVERED (Inclusive of Travel Time)	
PLEASE CHECK	<input type="checkbox"/> Official Business <input type="checkbox"/> Official Time
VENUE/DESTINATION	
EXPENSES COVERED	
FUND SOURCE (PAP CODE/...)	

Recommending Approval:

Approved:

(Division Chief / ASDS)

DR. JOSEPHINE L. FADUL
Schools Division Superintendent

Date: _____

Date: _____

F-1-005.Rev 0/ September 05, 2019

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