



Republic of the Philippine
Department of Education

U.P.R.
RELEASED
NO: 024.0056
DATE: 0 JAN 2024
BY: Sc
INSTRUMENTS SECTION

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

Name	JOY EMILY A. TANIO
Position/Designation	EPS II- ALS, DIV. MEP FOCAL
Permanent Station	Division Office
Purpose of Travel (must be supported by attachments)	<ul style="list-style-type: none"> • Conduct monitoring on ALS CLCs learning sessions and ALIVE Classes • Provision of TA on the implementation of ALS and ALIVE Programs/ Projects • Collect ALS and ALIVE Data
Host of Activity	CID
Inclusive Dates	January 9,10 &11,2024
Destination	La Libertad 1 & 2, Visit Brgy. Tayasan 1 & 2 and Manjuyod 1 & 2
Fund Source	Travelling and other related incidental expenses shall be charge to ALS PSF/ALIVE PSF/Division MOOE subject to COA auditing rules and regulations

I hereby attest that the information in this form and in the supporting documents attached here to are true and correct.

J. Tanio
JOY EMILY A. TANIO, MaEd
Name and Signature of Requesting Employee

January 9, 2024
Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.

N. Ragay
NILITA L. RAGAY EdD
Name and Signature of Recommending Authority

Date

APPROVED

By the Authority of the Schools Division Superintendent.

M. Palispis
MARCELO K. PALISPIS EdD, JD
DIC - ALS / OFFICE IN CHARGE
Name and Signature of Approving Authority

1/8/24
Date

ANNEX A

No.: 0021



Republic of the Philippine
Department of Education

RELEASED
NO: 024.00
DATE: 9 JAN 2024
BY: [Signature]
RECORD SECTION

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

Name	DR. BEN JOFIL B. DIEGO
Position/Designation	Education Program Specialist II
Permanent Station	Ajong National High School
Purpose of Travel (must be supported by attachments)	To conduct ALS CLC monitoring, literacy mapping and provide technical assistance to ALS Teachers
Host of Activity	Curriculum Implementation Division
Inclusive Dates	• January 9-10, 2024
Destination	Sibulan Districts I-II & San Jose
Fund Source	Division MOOE/Local Funds/ALS PSF

I hereby attest that the information in this form and in the supporting documents attached here to are true and correct.

BEN JOFIL B. DIEGO EdD

Name and Signature of Requesting Employee

01-08-2024

Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.

NILITA L. RAGAY EdD

Name and Signature of Recommending Authority

Date

By Authority of the Schools Division Superintendent

MARCELO K. PALISPIS EdD, JD

Name and Signature of Approving Authority

1/8/24

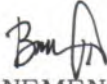


Date



Republic of the Philippine
Department of Education

RELEASED
NO.: 024.0056
DATE: 09 JAN 2024
BY: C
RECORD SECTION

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

Name	NORLITA B. NEMENZO	
Position/Designation	Education Program Specialist II (ALS)	
Permanent Station	Curriculum and Implementation Division	
Purpose of Travel (must be supported by attachments)	To conduct Literacy Mapping/AdSocMob, Assessment, Instructional Supervision, and Monitoring & Evaluation	
Host of Activity	Ayungon, Mabinay, and Bacong	
Inclusive Dates	January 9-11, 2024	
Destination	Bacong, Ayungon Districts 1-2, and Mabinay Districts 1-4, other Districts	
Fund Source	Division MOOE	
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>		
	 <u>NORLITA B. NEMENZO EdD</u> Name and Signature of Requesting Employee	<u>January 8, 2024</u> Date
<i>This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.</i>		
	 <u>NILITA L. RAGAY EdD</u> Name and Signature of Recommending Authority	_____ Date
APPROVED		
By the Authority of the Schools Division Superintendent		
	 <u>MARCELO K. PALISPIS EdD, JD</u> Name and Signature of Approving Authority DIC-PPDS / OFFICE - IN-CHARGE	<u>1/8/24</u> Date