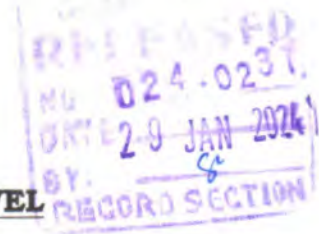


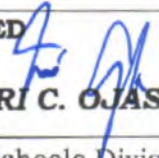




Republic of the Philippine  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



<b>Name</b>	JOY EMILY A. TANIO ARLENE A. PEPITO NORLITA B. NEMENZO FRANCIS C. AUSTERO BENJOFIL B. DIEGO	
<b>Position/Designation</b>	EPS II-ALS	
<b>Permanent Station</b>	Division Office	
<b>Purpose of Travel</b> (must be supported by attachments)	<ul style="list-style-type: none"> <li>• Coordinate LGU for community ALS Literacy Mapping for CY 2024</li> <li>• Conduct monitoring on ALS CLCs learning sessions</li> <li>• Provision of TA on the implementation of ALS Program/Projects</li> <li>• Collection of ALS Data</li> </ul>	
<b>Host of Activity</b>	Curriculum Implementation Division	
<b>Inclusive Dates</b>	<ul style="list-style-type: none"> <li>• January 30-31, 2024</li> <li>• February 1-2, 2024</li> </ul>	
<b>Destination</b>	1 <sup>st</sup> congressional District, 2 <sup>nd</sup> Congressional 3 <sup>rd</sup> Congressional District	
<b>Fund Source</b>	Travelling Expenses and other Incidental Expenses incurred shall be charge to ALS PSF/Division MOOE and other Local Funds subject to usual 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.		
 <b>JOY EMILY A. TANIO</b> Name and Signature of Requesting Employee		_____ 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.		
 <b>CARMELITA A. ALCALA, EdD</b> OIC CID CHIEF/ Education Program Supervisor		_____ Date
<b>APPROVED</b>  <b>NERI C. OJASTRO EdD, CESO V</b> Schools Division Superintendent		1/29/24 _____ Date