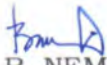
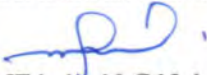
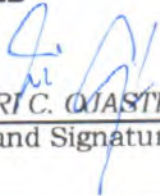




Republic of the Philippines
Department of Education



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 Presentation Portfolio Assessment Monitoring in the SBM ALS Implementers of Ayungon.	
Host of Activity	Ayungon	
Inclusive Dates	March 15, 2024	
Destination	Carol-an, Ayungon	
Fund Source	DIVISION ALS PSF	
<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>March 8, 2024, 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>CARMELITA A. ALCALA EdD</u> Name and Signature of Recommending Authority		_____ Date
APPROVED		
 <u>NERI C. OJASTRO EdD, CESO V</u> Name and Signature of Approving Authority		<u>3/11/24</u> Date