

Republic of the Philippines
Department of Education
 Region V (Bicol)
DIVISION OF CATANDUANES
 Virac

ITINERARY OF TRAVEL

No. : _____

Name : _____
 District/School: _____

Position _____

Purpose of Travel : _____

DATE	PLACES TO BE VISITED	TIME		EXPENSES			TOTAL AMOUNT
		DEPARTURE	ARRIVAL	MEANS OF TRANSPORTATION	TRANSPORTATION	PER DIEM	

<p>I certify the (1) I have reviewed the foregoing itinerary, (2) the travel is necessary to the service, (3) the period covered is reasonable and ,(4) the expenses claimed are proper.</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">Immediate Supervisor</p>	<p>Prepared by :</p> <p style="text-align: center; margin-top: 10px;">_____</p> <p style="text-align: center;">(Official or Employee)</p> <hr/> <p>APPROVED BY:</p> <p style="text-align: center; margin-top: 10px;">_____</p> <p style="text-align: center;">Schools Division Superintendent</p>
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DepEd – Division of Catanduanes
(Agency)

CERTIFICATE TRAVEL COMPLETED

(Agency Head)
School Division Superintendent

DepEd – Division of Catanduanes
(Station)

Date: _____

I certify that I have completed the travel authorized in itinerary of Travel No. _____
dated _____, under condition indicated below.

- () Strictly in accordance with the approved itinerary.
- () Cut short as explained below. Excess payment in the amount of P _____
was refunded under O.R. NO. _____ dated _____.
- () Other deviations as explained below.

EXPLANATIONS OR JUSTIFICATIONS.

EVIDENCE OF TRAVEL:

- () Used Ticket
- () Certificate of Appearance
- () Others _____

Respectfully submitted:

(Employee)

On evidence of information of which I have knowledge, the travel was actually undertaken.

(Immediate Supervisor)