



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
Gate 2 Karangalan Village
1900 Cainta, Rizal



TO : ALL SCHOOLS DIVISION SUPERINTENDENTS
ALL PUBLIC SCHOOL HEADS
ALL OTHERS CONCERNED

FROM : *Ruth L. Fuentes*
RUTH L. FUENTES
Schools Division Superintendent
Officer-in-Charge *Samy*
Office of the Regional Director

SUBJECT : USE OF PRESCRIBED TEMPLATE FOR OFFICIAL LOCAL TRAVEL

DATE : September 19, 2019



The Department of Education Central Office through DepEd Order No. 22, s. 2019 has issued the official templates for all local travels as well as locator slip.

In this regard, the use of said official templates is imperative, which may be downloaded from depedcalabarzon.ph.

For strict compliance.



Trunk Line: (02) 682-5773 / 684-4914 / 647-7487
Fax: (02) 682-2114
Website: depedcalabarzon.ph
Facebook: DepEd R-4A Calabarzon
E-mail: region4a@deped.gov.ph



AJA17-0078



Republic of the Philippines
Department of Education

LOCATOR SLIP

REGION IV-A (CALABARZON)-DIVISION/SCHOOL:

DATE OF FILING	Click here to enter a date.
NAME	
PERMANENT STATION	
POSITION/ DESIGNATION	
PURPOSE	
PLEASE CHECK	<input type="checkbox"/> Official Business <input type="checkbox"/> Official Time
DESTINATION	
DATE AND TIME OF EVENT/ TRANSACTION/ MEETING	

<div>Signature of Requesting Official/Employee</div> <div>Date: _____</div>	<div>Approved:</div> <div>Head of Office or his/her Authorized Representative</div> <div>Date: _____</div>
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CERTIFICATION

This is to certify that the above employee appeared in this Office for the above purpose.

_____	_____	_____
<i>Signature over printed name</i>	<i>Position</i>	<i>Date</i>

(Note: This portion shall be filled out by the Official/authorized personnel of the Office visited.)

*The accomplished and signed Locator Slip shall serve as the authority to travel.



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AUTHORITY TO TRAVEL

Control No.

REGION IVA (CALABARZON) - DIVISION/SCHOOL:

Date of Filing

Click here to enter a date.

NAME

Position/ Designation

Permanent Station

Purpose of Travel

**Activity Organized/
Sponsored By**

Period Covered

(Inclusive of Travel Time)

From

Click here to enter a date.

to

Click here to enter a date.

Please Check

☐ Official Business

☐ Official Time

Venue/Destination

Expenses Covered

(subject to the usual accounting and auditing rules and regulations)

Fund Source

(Pap Code / ...)

Recommending Approval:

Approved:

Name and Signature

Date: _____

Name and Signature

Date: _____