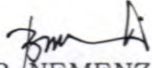
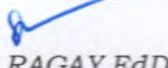
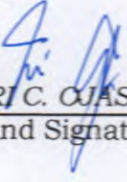




Republic of the Philippine  
Department of Education



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	NORLITA B. NEMENZO
<b>Position/Designation</b>	Education Program Specialist II (ALS)
<b>Permanent Station</b>	Curriculum and Implementation Division
<b>Purpose of Travel</b> (must be supported by attachments)	To conduct classroom observation using COT)
<b>Host of Activity</b>	Ayungon, Mabinay, and Bacong
<b>Inclusive Dates</b>	November 7-10, 2023
<b>Destination</b>	Bacong, Ayungon Districts 1-2, and Mabinay Districts 1-4
<b>Fund Source</b>	ALS PSF
I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.	
 <u>NORLITA B. NEMENZO EdD</u> Name and Signature of Requesting Employee	<u>November 6, 2023</u> 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.	
 <u>NILITA L. RAGAY EdD</u> Name and Signature of Recommending Authority	_____ Date
<b>APPROVED</b>	
 <u>NERI C. OJASTRO EdD, CESE</u> Name and Signature of Approving Authority	<u>11/6/23</u> Date