



Republic of the Philippines
Department of Education

NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

MAY 02 2023

DIVISION MEMORANDUM

NO. 092 S.2023

**REITERATION OF THE IMPLEMENTATION OF THE OMNIBUS TRAVEL
GUIDELINES FOR ALL PERSONNEL OF THE DEPARTMENT OF EDUCATION**

To: OIC - Assistant Schools Division Superintendent
Chief Education Supervisor, Curriculum Implementation Division
Chief Education Supervisor, School Governance and Operation Division
Public Elementary and Secondary School Heads/OICs
Administrative Officer V
All Others Concerned

1. This office reiterates the Division Memorandum No. 257, s. 2022 entitled **Amendments to DepEd Order No. 43, s. 2022 (Omnibus Travel Guidelines for All Personnel of the Department of Education)**.
2. Particular attention is invited to the specific guidelines on foreign and local travel, and the list of approving authorities for all DepEd offices, and submits together with the necessary documents needed for the said travel.
3. Please see attached sample format for Local Travel Authority with Itinerary of Travel for reference/perusal.
4. Immediate and wide dissemination and strict compliance of this Memorandum is earnestly desired.


EVANGELINE P. LADINES, CESO V
Schools Division Superintendent

Enclosure: As stated
Reference :As stated
To be indicated in the Perpetual Index
Under the following subjects:

TEACHERS LEARNERS

EPL/all/Memo - OMNIBUS TRAVEL GUIDELINES FOR ALL PERSONNEL OF THE DEPARTMENT OF EDUCATION
092 April 27, 2023

NUM-2023-092



 Student Center for Life Skills Bldg., Centennial Ave, Brgy Tunasan,
Muntinlupa City
 (02) 805-9935, (02) 805 - 9940
 sdo.muntinlupa@gmail.com



092



Republic of the Philippines
Department of Education

NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

ITINERARY OF TRAVEL

Entity Name: _____
Fund Cluster: _____

No: _____

Name: _____			Date of Travel: _____						
Position: _____			Purpose of Travel: _____						
Official Station: _____									
Date	Places to be visited		Time		EXPENSES				
	From	To	Departure	Arrival	Means of Transpo.	Fare	Per Diem	Others	TOTAL
			TOTAL						
I certify that (1) I have reviewed the foregoing itinerary, (2) the travel is necessary to the services, (3) the period covered is reasonable and (4) the expenses claimed are proper. _____ Signature over Printed Name Immediate Supervisor			Prepared by: _____ Signature over Printed Name						
			Approved by: _____ Signature over Printed Name Agency Head/Authorized Representative						





Republic of the Philippines
Department of Education
National Capital Region
SCHOOLS DIVISION OFFICE OF MUNTINLUPA
TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

NAME	
Position/Designation	
Permanent Station	
Purpose of Travel (must be supported by attachments)	
Host of Activity	
Inclusive Dates	
Destination	
Fund Source	
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>	
SDS	
_____ Name and Signature of Requesting Employee	_____ 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>	
_____ Name and Signature of Recommending Authority	_____ Date
APPROVED	
RD	
_____ Name and Signature of Approving Authority	_____ Date



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Purpose of Travel (must be supported by attachments)	
Host of Activity	
Inclusive Dates	
Destination	
Fund Source	
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>	
ASDS _____ Name and Signature of Requesting Employee _____ 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>	
SDS _____ Name and Signature of Recommending Authority _____ Date	
APPROVED	
RD _____ Name and Signature of Approving Authority _____ Date	



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Host of Activity	
Inclusive Dates	
Destination	
Fund Source	
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>	
CID CHIEF / AO V	
_____ Name and Signature of Requesting Employee	_____ 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>	
ASDS	
_____ Name and Signature of Recommending Authority	_____ Date
APPROVED	
SDS	
_____ Name and Signature of Approving Authority	_____ Date



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<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>	
SUPERVISOR	
_____ Name and Signature of Requesting Employee	_____ 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>	
ASDS	
_____ Name and Signature of Recommending Authority	_____ Date
APPROVED	
SDS	
_____ Name and Signature of Approving Authority	_____ Date



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Fund Source	
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LEGAL / ACCOUNTANT/ BUDGET /ICT	
Name and Signature of Requesting Employee	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>	
ASDS	
Name and Signature of Recommending Authority	Date
APPROVED	
SDS	
Name and Signature of Approving Authority	Date



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UNIT HEAD (Admin)	
_____ Name and Signature of Requesting Employee	_____ 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>	
ASDS	
_____ Name and Signature of Recommending Authority	_____ Date
APPROVED	
SDS	
_____ Name and Signature of Approving Authority	_____ Date



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DIVISION PERSONNEL	
_____ Name and Signature of Requesting Employee	_____ 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>	
ASDS	
_____ Name and Signature of Recommending Authority	_____ Date
APPROVED	
SDS	
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SCHOOL HEAD	
_____ Name and Signature of Requesting Employee	_____ 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>	
ASDS	
_____ Name and Signature of Recommending Authority	_____ Date
APPROVED	
SDS	
_____ Name and Signature of Approving Authority	_____ Date



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<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>	
TEACHER	
_____ Name and Signature of Requesting Employee	_____ 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>	
SCHOOL HEAD	
_____ Name and Signature of Recommending Authority	_____ Date
APPROVED	
SDS	
_____ Name and Signature of Approving Authority	_____ Date