



Republic of the Philippines
 Department of Education
 Schools Division of Negros Oriental

RELEASED
 NO: _____
 DATE: 05 APR 2024
 BY: _____
 RECORD SECTION

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

Name	ALEXANDRIA N. RUPERTO, R.N.
Position/ Designation	Nurse II
Permanent Station	Division Office
Purpose of Travel (must be supported by attachments)	Render health services to personnel; assist in the monitoring and provision of TA of SBFP and WINS program
Host of Activity	Division Office
Inclusive Dates	April 5, 2024 – Ayungon 1 and 2 District
Destination	Ayungon 1 and 2 District
Fund Source	MOOE

I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.

ALEXANDRIA N. RUPERTO, RN April 4, 2024
 Name and Signature of Requesting Employee Date

This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.

RACHEL B. PICARDAL, EdD APR 04 2024
 Chief, Education Supervisor SGOD Date
 Name and Signature of Recommending Authority

Approved:
NERI C. OJASTRO EdD, CESO V 4/4/24
 Schools Division Superintendent Date

ANNEX A



Control No. 0245

Republic of the Philippines
Department of Education

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL


RELEASED
NO. 024-0865
DATE 05 APR 2024
BY: g
RECORD SECTION

REGION: VII- Central Visayas

BUREAU/DIVISION/SCHOOL: DepEd, Schools Division of Negros Oriental

Name	JIMZU F. PATALAN
Position/Designation	Nurse II
Permanent Station	Division Office
Purpose of Travel	Render Health Services to Teaching and Non-Teaching Personnel
Host of Activity	Division Office
Period Covered (Inclusive of Travel Time)	April 4-5, 2024: Abis ES
Venue/Destination	Mabinay District 4
Fund Source	Division MOOE


I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.


JIMZU F. PATALAN, RN
Name and Signature of Requesting Employee _____ Date

Sa De 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 purposes stated herein.


RACHEL B. PICARDAL, EdD
Chief Education Supervisor, SGOD
Name and Signature of Recommending Authority _____ Date 4/4/2024

Approved


NERI C. OJASTRO EdD, CESO V
Schools Division Superintendent
Schools Division of Negros Oriental
Name and Signature of Approving Authority _____ Date 4/4/24

ANNEX A



Control No. 0245

Republic of the Philippines
Department of Education

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

RELEASED
NO. 024-0865
DATE 05 APR 2024
OFFICE OF THE
SECRETARY

REGION: VII- Central Visayas

BUREAU/DIVISION/SCHOOL: DepEd, Schools Division of Negros Oriental

Name:	MELCHORA DIOSDADA G. ASDILLO,DMD
Position/Designation	DENTIST II
Permanent Station	Division Office
Purpose of Travel	RENDER ORAL HEALTH SERVICES TO LEARNERS, TEACHING & NON-TEACHING STAFF
Host of Activity	Division Office
Period Covered (Inclusive of Travel Time)	APRIL 12, 2024- MAGSAYSAY E/S
	SIBULAN DISTRICT
Fund Source	Division MOOE

I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.

MELCHORA DIOSDADA G. ASDILLO,DMD

Name and Signature of Requesting Employee

April 4, 2024

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 purposes stated herein.

RACHEL B. PICARDAL, EdD

Chief Education Supervisor, SGOD

Name and Signature of Recommending Authority

4/5/2024

Date

Approved by:

NERI C. OJASTRO EdD, CESO V

Schools Division Superintendent
Schools Division of Negros Oriental

4/5/24

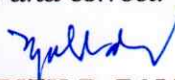


Date



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 Department of Education
 Schools Division of Negros Oriental

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TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

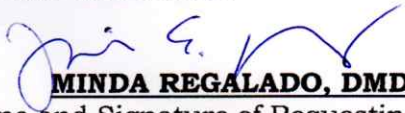


Name	MELYDITH P. BALDADO, R.N., LPT	
Position/ Designation	Nurse II	
Permanent Station	Division Office	
Purpose of Travel (must be supported by attachments)	Render health services to non-teaching.	
Host of Activity	Division Office	
Inclusive Dates	April 4,5, 2024 – Lalibertad dist. 1&2 SDHCP clinic	
Destination	Lalibertad 1&2,	
Fund Source	MOOE	
<p><i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i></p> <p style="text-align: center;"> MELYDITH P. BALDADO April 3, 2024 Name and Signature of Requesting Employee Date</p>		
<p><i>This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.</i></p> <p style="text-align: center;"> RACHEL B. PICARDAL, EdD 4/3/2024 Chief, Education Supervisor SGOD Date Name and Signature of Recommending Authority</p>		
<p>Approved:</p> <p style="text-align: center;"> NERI C. OJASTRO EdD, CESO V 4/4/24 Schools Division Superintendent Date</p>		



Republic of the Philippines
Department of Education
Schools Division of Negros Oriental

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL



Name	MINDA REGALADO, Dentist II JERRY CAMPOY, Dental Aide
Position/ Designation	Dentist II, Dental Aide
Permanent Station	Division Office
Purpose of Travel (must be supported by attachments)	Render dental health services to Teaching & Non- Teaching Personnel.
Host of Activity	SDO Negros Oriental
Inclusive Dates	April 5, 2024- Valencia District
Destination	Valencia District
Fund Source	Division MOOE
<p><i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i></p> <p style="text-align: center;">  MINDA REGALADO, DMD Name and Signature of Requesting Employee </p> <p style="text-align: right;"> <u>April 4, 2024</u> Date </p>	
<p><i>This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.</i></p> <p style="text-align: center;">  RACHEL B. PICARDAL EdD Chief, Education Supervisor SGOD Name and Signature of Recommending Authority </p> <p style="text-align: right;"> <u>APR 05 2024</u> Date </p>	
<p>Approved:</p> <p style="text-align: center;">  NERI C. OJASTRO EdD CESO V Schools Division Superintendent </p> <p style="text-align: right;"> <u>4/5/24</u> Date </p>	

ANNEX A



Control No. 0245

Republic of the Philippines
Department of Education

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL


RELEASED
NO.: 024.0865
DATE: _____
BY: 05 APR 2024
RECORD SECTION

REGION: VII- Central Visayas

BUREAU/DIVISION/SCHOOL: DepEd, Schools Division of Negros Oriental

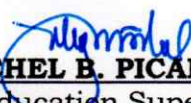
Name	GWYNNE STACY T. MONCIDA; DEANNE BETH QUIRIT-MANABAN
Position/Designation	Nurse II
Permanent Station	Division Office
Purpose of Travel	Meeting with the School Head regarding Mental Health concerns; Clinic Duty; Render health services to personnel.
Host of Activity	Division Office
Period Covered (Inclusive of Travel Time)	April 4, 2024 – Balugo NHS; Valencia SHDCP clinic
Venue/Destination	Valencia District
Fund Source	Division MOOE

I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.


GWYNNE STACY T. MONCIDA, RN
Name and Signature of Requesting Employee

April 4, 2024
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 purposes stated herein.


RACHEL B. PICARDAL, EdD
Chief Education Supervisor, SGOD
Name and Signature of Recommending Authority

4/3/2024
Date

APPROVED:


NERI C. OJASTRO, EdD, CESO V
Sschools Division Superintendent

4/4/24
Date

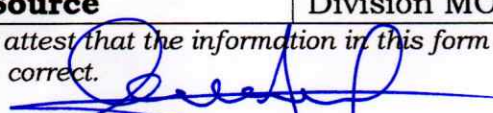
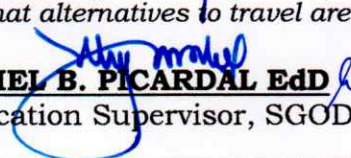
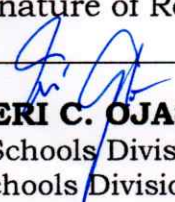


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Republic of the Philippines
Department of Education
 REGION VII - CENTRAL VISAYAS
 Schools Division of Negros Oriental

RELEASED
 NO. 024-0864
 DATE: 4/5/2024
 RECORD SECTION

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

Name	NICANOR F. VILLAROSA JR.
Position/ Designation	Dentist II
Permanent Station	Division Office
Purpose of Travel (must be supported by attachments)	To render dental health services to students, teaching and non-teaching personnel.
Host of Activity	SDO NegOr School Health Section
Inclusive Dates	April 11,12,16,17,18,19 – lindy Pajunar MES April 23,25,26,30 – Amlan CES
Destination	Siaton 1 and Amlan District
Fund Source	Division MOOE
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>	
 Nicanor F. Villarosa Jr. Name and Signature of Requesting Employee	
April 4, 2024 Date	
<i>This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.</i>	
 RACHEL B. PICARDAL EdD Chief, Education Supervisor, SGOD	
APR 05 2024 Date	
Name and Signature of Recommending Authority	
APPROVED:  NERI C. OJASTRO EdD, CESO V Schools Division Superintendent Schools Division of Negros Oriental	
4/5/24 Date	
Name and Signature of Approving Authority	



Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City
 Telephone Nos.: (035) 225-2838 / 225-2376 / 422-7644



DepEd TAYO SDO Negros Oriental



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