



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

RELEASED  
NO.: 024.0052  
DATE: JAN 2024  
BY: *cf*  
RECORD SECTION

Control No.: 0018

### TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

**REGION:** Region VII – Central Visayas

**BUREAU/DIVISION/SCHOOL:** DepEd – Schools Division of Negros Oriental

<b>Name</b>	<b>ENGR. PHILIP C. TUBOG</b> <b>ENGR. ALLAN VINCE ENOPIA</b> <b>MR. DESIDERIO T. QUITOY, JR.</b>
<b>Position/ Designation</b>	Division Engineer III Technical Assistant II Division Electrician (ADA I)
<b>Permanent Station</b>	DepEd, Schools Division of Negros Oriental (Div. Office)
<b>Purpose of Travel</b> (must be supported by attachments)	1. Conduct ocular inspection on the 4 <sup>th</sup> floor of 4 Storey Bldg. Allegedly vibrating (Valencia NHS) 2. Conduct monitoring inspection on the on-going 2 Storey 4 classroom Bldg. (San Miguel ES, Bacong) 3. Conduct monitoring inspection on the repair of classrooms and validation inspection for electrification program (Nawacat ES, Siaton) 4. Conduct validation inspection on School Facilities (San Jose ES, Siaton)
<b>Host of Activity</b>	SGOD – Education Facilities
<b>Inclusive Dates</b>	January 8 and 9, 2024
<b>Destination</b>	Valencia NHS; San Miguel ES – Bacong; Nawacat ES & San Jose ES - Siaton
<b>Fund Source</b>	Division / local MOOE funds

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

*[Signature]*  
**ENGR. PHILIP C. TUBOG**  
Division Engineer III

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.

*[Signature]*  
**RACHEL B. PICARDAL EdD**  
SGOD Chief

Name and Signature of Recommending Authority

*1/5/2024*  
Date

**APPROVED**

By the authority of the Schools Division Superintendent:

*[Signature]*  
**MARCELO K. PALISPIS EdD JD**  
OIC-ASDS / Office-In-Charge

Name and Signature of Approving Authority

Date