

ANNEX A



Control No. 0024

Republic of the Philippines  
**Department of Education**

RELEASED  
NO: 024.0088  
DATE 9 JAN 2024  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>FARRENN HABABAG, GWYNNE STACY MONCIDA, DEANNE BETH MANABAN</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct medical assessment of athletes and vision screening to grade 8 learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	January 9, 2024- Siaton NHS
<b>Venue/Destination</b>	Siaton II District
<b>Fund Source</b>	Division MOOE

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

**FARRENN HABABAG/DEANNE BETH MANABAN/GWYNNE MONCIDA**  
Name and Signature of Requesting Employee

January 8, 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 E. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

JAN 08 2024  
Date

Approved:  
By the authority of the Schools Division Superintendent

**MARCELO K. PALISPIS EdD, JD**  
OIC- Assistant Schools Division Superintendent  
OFFICE - IN - CHARGE

1/8/2024  
Date

ANNEX A



Control No. 6021

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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



<b>Name</b>	<b>FARRENN LEIGH Y. HABABAG</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct physical and psychosocial assessment of learners and serve as MEDICS during the Siaton Districts (1-4) Municipal Meet.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	January 11, 2024- Santiago Delmo MHS January 12, 2024- Siaton District 4
<b>Venue/Destination</b>	Zamboanguita District 1 and Siaton 4 District
<b>Fund Source</b>	Division MOOE

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

**FARRENN LEIGH HABABAG**  
Name and Signature of Requesting Employee

January 8, 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

JAN 08 2024  
Date

Approved:  
By the authority of the Schools Division Superintendent

**MARCELO K. PALISPIS EdD, JD**  
OIC- Assistant Schools Division Superintendent  
OFFICE-IN-CHARGE

1/8/2024  
Date





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

RELEASED  
 NO.: 024-0000  
 9 JAN 2024  
 BY: [Signature]  
 RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>ELLEN R. MAYAGMA, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To render dental services to teaching and non-teaching personnel
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	January 10, 2024- Bacong Central School January 11, 2024- Isugan Elem. School January 12, 2024- Buntod Elem. School
<b>Destination</b>	Bacong District
<b>Fund Source</b>	Division MOOE

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

[Signature]  
**Ellen R. Mayagma, RN** January 8, 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.*

[Signature]  
**RACHEL B. PICARDAL EdD** JAN 08 2024  
 Chief, Education Supervisor SGOD Date  
 Name and Signature of Recommending Authority

Approved:  
 By the authority of the Schools Division Superintendent

[Signature]  
**MARCELO K. PALISPIS EdD, JD** 1/8/2024  
 OIC - Assistant Schools Division Superintendent Date  
 Office - In-Charge

ANNEX A



Control No. 0024

Republic of the Philippines  
Department of Education

Dept. of Education  
**RELEASED**  
NO.: 024-0018  
DATE: 09 JAN 2024  
BY: 6  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>JANET L. GADDI, RN,MAN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct health assessment to learners. Provide health services to teaching & non-teaching personnel and monitor OK sa DepEd Program and Implementation
<b>Host of Activity</b>	SDO Negros Oriental
<b>Period Covered</b> (Inclusive of Travel Time)	January 9, 2024 – Caticugan ES January 10, 2024 – Siaton Science High School
<b>Venue/Destination</b>	Siaton 3 District
<b>Fund Source</b>	DIVISION MOOE

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

**JANET L. GADDI RMT,RN,RM,LPT,MAN** **January 8, 2024**  
Name and Signature of Requesting Employee 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** **JAN 08 2024**  
Chief, Education Supervisor Date  
Name and Signature of Recommending Authority

By the Authority of the Schools Division Superintendent:

**MARCELO K. PALISPIS EdD, JD** **1/8/2024**  
OIC Assistant Schools Division Superintendent Date  
OFFICE - In-Charge



ANNEX A



Control No. 0024

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
084.008  
09 JAN 2024  
SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>MARK LESTER J. AMOLO, RN, LPT</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct health assessment to learners. Provide health services to teaching & non-teaching personnel and monitor OK sa DepEd Program and Implementation
<b>Host of Activity</b>	SDO Negros Oriental
<b>Period Covered</b> (Inclusive of Travel Time)	January 11, 2024- Bindoy District 2 January 12, 2024-Tinaogan ES
<b>Venue/Destination</b>	Bindoy District 2
<b>Fund Source</b>	DIVISION MOOE

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

**MARK LESTER J. AMOLO, RN, LPT**  
Name and Signature of Requesting Employee

**January 8, 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

**JAN 08 2024**

Name and Signature of Recommending Authority

Date

By the Authority of the Schools Division Superintendent:

**MARCELO K. PALISPIS EdD, JD**  
Assistant Schools Division Superintendent  
OFFICE - IN-CHARGE

**1/8/2024**

Date



No.: 0024

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

RELEASED  
NO.: 024-000  
DATE: 09 JAN 2024  
RECORD SECTION

## TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

<b>Name</b>	DR. KARINA LOUISE B. DE LA CRUZ, SUZETTE S. ONDE, FELIX III MOSQUEDA, ELLEN R. MAYAGMA, MELANIE MAE O. AUSTERO, EMILDA K. CHIU, BRENT JOHN TRASMONTA, ANA MAE FESARIT, KENNETH C. MISAMIS, ALEXANDRIA N. RUPERTO	
<b>Position/ Designation</b>	Nurse II	
<b>Permanent Station</b>	Division Office	
<b>Purpose of Travel</b> (must be supported by attachments)	To monitor the implementation of 2023 SBFP (NFP & Milk), delivery and provision of technical assistance.	
<b>Host of Activity</b>	SDO Negros Oriental	
<b>Inclusive Dates</b>	January 9, 2024	
<b>Destination</b>	Manjuyod I and II Districts	
<b>Fund Source</b>	Division MOOE	
<p>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</p> <p><i>Suzette S. Onde &amp; Melanie Mae Austero</i> <b>Suzette S. Onde &amp; Melanie Mae Austero</b> Name and Signature of Requesting Employee</p> <p>January 8, 2024 Date</p>		
<p>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.</p> <p><i>Rachel B. Picardal</i> <b>RACHEL B. PICARDAL, EdD</b> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority</p> <p>JAN 08 2024 Date</p>		
<p><b>Approved:</b> By the authority of the Schools Division Superintendent</p> <p><i>Marcelo K. Palispis</i> <b>MARCELO K. PALISPIS EdD, JD</b> OIC - Assistant Schools Division Superintendent OFFICE - IN-CHARGE</p> <p>1/8/2024 Date</p>		





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

RELEASED  
 NO.: 024  
 DATE: 09 JAN 2024  
 OFFICE SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MELANIE MAE O. AUSTERO, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To render health services to teaching and non-teaching personnel
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	January 11, 2024- Bolisong ES
<b>Destination</b>	Manjuyod II District
<b>Fund Source</b>	Division MOOE

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

Melanie Mae O. Austero, RN January 8, 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 JAN 08 2024  
 Chief, Education Supervisor SGOD Date  
 Name and Signature of Recommending Authority

**Approved:**  
 By the authority of the Schools Division Superintendent

MARCELO K. PALISPIS EdD, JD 1/8/2024  
 OIC - Assistant Schools Division Superintendent Date  
 Office - In - Charge

ANNEX A



Control No. 0024

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASE  
NO.: 024.0068  
DATED 9 JAN 2024  
BY: CC  
RECORD SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>CARMI ANN S. ALFORQUE, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct health assessment to learners. Provide health services to teaching & non-teaching personnel and monitor OK sa DepEd Program and Implementation
<b>Host of Activity</b>	SDO Negros Oriental
<b>Period Covered</b> (Inclusive of Travel Time)	January 9, 2024- Sta. Catalina CES January 10, 2024-Sta. Catalina CES Clinic
<b>Venue/Destination</b>	Sta. Catalina District III
<b>Fund Source</b>	DIVISION MOOE

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

**CARMI ANN S. ALFORQUE, RN**

**January 8, 2024**

Name and Signature of Requesting Employee

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

**JAN 8 2024**

Name and Signature of Recommending Authority

Date

By the Authority of the Schools Division Superintendent:

**MARCELO K. PALISPIS EdD, JD**

Assistant Schools Division Superintendent

OFFICE -IN- CHARGE

**1/8/2024**

Date



ANNEX A



Control No. 0024

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO. 024.0068  
DATE 09 JAN 2024  
BY RECORD SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>MARK ANTHONY A. PAJUELAS, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct health assessment to learners. Provide health services to teaching & non-teaching personnel and monitor OK sa DepEd Program and Implementation
<b>Host of Activity</b>	SDO Negros Oriental
<b>Period Covered</b> (Inclusive of Travel Time)	January 9, 2024- Sta. Catalina CES January 11, 2024-Sta. Catalina CES Clinic
<b>Venue/Destination</b>	Sta. Catalina District III
<b>Fund Source</b>	DIVISION MOOE

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

*for: [Signature]*  
**MARK ANTHONY A. PAJUELAS, RN**  
Name and Signature of Requesting Employee

**January 8, 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.

*[Signature]*  
**RACHEL B. PICARDAL, EdD**  
Chief, Education Supervisor  
Name and Signature of Recommending Authority

**JAN 08 2024**  
Date

By the Authority of the Schools Division Superintendent:

*[Signature]*  
**MARCELO K. PALISPIS EdD, JD**  
Assistant Schools Division Superintendent  
OFFICE - IN-CHARGE

**1/8/2024**  
Date

ANNEX A



Control No. 1021

Republic of the Philippines  
Department of Education

RELEASED  
NO. 024.0068  
DATED 9 JAN 2024  
BY: G  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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


<b>Name</b>	<b>ANA MAE C. FESARIT, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct nursing health services to teaching/non-teaching personnel and school learners. Conduct health teaching on healthy lifestyle.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	January 4, 2024- Ayungon 1 District Office 5, 2024- Sagrada ES 9 and 12, 2024- Tampocon ES 11, 2024- Sampiniton ES
<b>Venue</b>	Ayungon I and Manjuyod I District
<b>Fund Source</b>	MOOE

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

  
**ANA MAE C. FESARIT, RN**  
Name and Signature of Requesting Employee

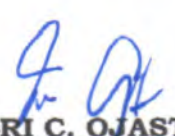
January 03, 2024  
Date

*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, Ed. D**  
Chief, Education Supervisor  
Name and Signature of Recommending Authority

1/3/24  
Date

Approved:

  
**NERI C. OJASTRO, Ed. D, CESO V**  
Schools Division Superintendent  
Schools Division of Negros Oriental

1/9/2024  
Date