

ANNEX A



Control No. 0031

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

DEPT  
**RELEASED**  
NO.: 024.003  
DATE: 10 JAN 2024  
BY: [Signature]  
RECORD SECTION

<b>Name</b>	<b>CHARLOTTE FRANCIS T. SINGSON</b>
<b>Position/Designation</b>	DENTIST II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Dental Services to school learners and teaching personnel in Basak ES.
<b>Host of Activity</b>	SDO Negros Oriental
<b>Period Covered</b> (Inclusive of Travel Time)	January 11, 2024
<b>Venue/Destination</b>	Zamboanguita District 1
<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.

[Signature]  
**CHARLOTTE FRANCIS T. SINGSON, DMD**  
Name and Signature of Requesting Employee

January 10, 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

1/10/2024  
Date

**Approved:**

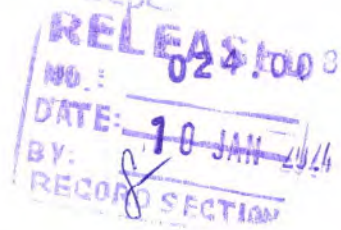
[Signature]  
**NERI C. OJASTRO, EdD, CESO V**  
Schools Division Superintendent

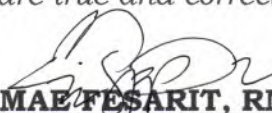
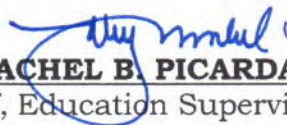
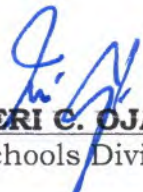
1/10/2024  
Date



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



<b>Name</b>	<b>ANA MAE FESARIT, 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 conduct physical examination of athletes and to render health services
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	January 10, 2024- Ayungon CES
<b>Destination</b>	Ayungon District II
<b>Fund Source</b>	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>For:  <b>ANA MAE FESARIT, RN</b> Name and Signature of Requesting Employee</p> <p style="text-align: right;">January 9, 2024 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> <b>RACHEL B. PICARDAL EdD</b> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority</p> <p style="text-align: right;">JAN 09 2024 Date</p>	
<p>Approved:</p> <p> <b>NERI C. OJASTRO EdD CESO V</b> Schools Division Superintendent</p> <p style="text-align: right;">1/9/2024 Date</p>	