

ANNEX A



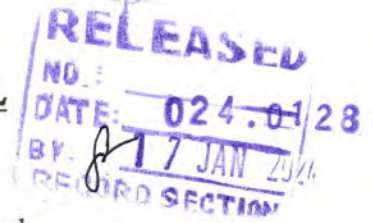
Control No. 0045

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>ARECIA PASQUIL</b>  |
| <b>Position/Designation</b>                      | <b>DENTIST II</b>  |
| <b>Permanent Station</b>                         | Division Office  |
| <b>Purpose of Travel</b>                         | To assist during the conduct of physical assessment to student athletes and coaches and render dental health services to learners. |
| <b>Host of Activity</b>                          | Division Office  |
| <b>Period Covered</b> (Inclusive of Travel Time) | January 18, 2024- Bindoy CES   |
| <b>Venue/Destination</b>                         | Bindoy District I  |
| <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.

  
**ARECIA PASQUIL**  
Name and Signature of Requesting Employee

January 15, 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 16 2024  
Date

**Approved:**

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

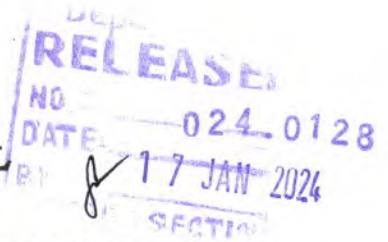
1/17/2024  
Date


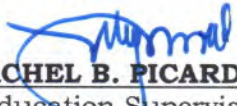
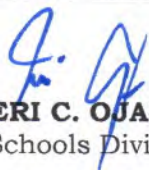


Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

No.: 0045



|   |   |
|---|---|
| <b>Name</b>   | <b>FELIX MOSQUEDA, ESTER I. NUEZ, ELIZABETH S. QUIRIT, BRENT JOHN TRASMONTE, ANNE CELIS</b> |
| <b>Position/ Designation</b>  | Nurse II  |
| <b>Permanent Station</b>  | Division Office   |
| <b>Purpose of Travel</b><br>(must be supported by attachments)  | Conduct physical assessment to athletes in preparation for the incoming district meet.      |
| <b>Host of Activity</b>   | Division Office   |
| <b>Inclusive Dates</b>  | January 17, 2024 - Tapon Norte ES/ Sra. Ascion ES   |
| <b>Destination</b>  | San Jose District   |
| <b>Fund Source</b>  | 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;"> <br/> <b>ESTER I. NUEZ, RN, RMT, MPH</b><br/>           Name and Signature of Requesting Employee         </p> <p style="text-align: right;">           January 16, 2024<br/>           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;"> <br/> <b>RACHEL B. PICARDAL EdD</b><br/>           Chief, Education Supervisor SGOD<br/>           Name and Signature of Recommending Authority         </p> <p style="text-align: right;">           JAN 16 2024<br/>           Date         </p> |   |
| <p>Approved:</p> <p style="text-align: center;"> <br/> <b>NERI C. OJASTRO EdD, CESO V</b><br/>           Schools Division Superintendent         </p> <p style="text-align: right;">           1/17/2024<br/>           Date         </p>  |   |



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

RELEASED  
NO.: 24.012  
DATE: 17 JAN 2024  
BY: [Signature]  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

|   |   |
|---|---|
| <b>Name</b>   | <b>Emilda K. Chiu</b>   |
| <b>Position/ Designation</b>  | Nurse II  |
| <b>Permanent Station</b>  | Division Office   |
| <b>Purpose of Travel</b><br>(must be supported by attachments)  | Render health services to teaching and non-teaching personnel |
| <b>Host of Activity</b>   | Division Office   |
| <b>Inclusive Dates</b>  | January 18, 2024 – Maluay CES                                 |
| <b>Destination</b>  | Zamboanguita District 2                                       |
| <b>Fund Source</b>  | MOOE  |
| <i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>  |   |
| <p><br/><b>Emilda k. Chiu, RN</b><br/>Name and Signature of Requesting Employee</p> <p style="text-align: right;">January 15, 2024<br/>Date</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><br/><b>RACHEL B. PICARDAL EdD</b><br/>Chief, Education Supervisor SGOD<br/>Name and Signature of Recommending Authority</p> <p style="text-align: right;">JAN 16 2024<br/>Date</p> |   |
| <p>Approved:</p> <p><br/><b>NERI C. OJASTRO EdD, CESO V</b><br/>Schools Division Superintendent</p> <p style="text-align: right;">1/17/2024<br/>Date</p>                               |   |

ANNEX A



Control No. 0045

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO. 024.0128  
DATE: 17 JAN 2024  
BY: [Signature]  
RECORD SECTION

**REGION:** VII- Central Visayas

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

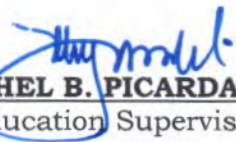
|  |   |
|--|---|
| <b>Name:</b>                                     | <b>MARK ANTHONY A. PAJUELAS</b>   |
| <b>Position/Designation</b>                      | NURSE II  |
| <b>Permanent Station</b>                         | Division Office   |
| <b>Purpose of Travel</b>                         | To conduct physical and psychosocial assessment of learners and serve as part of the medical team, check-up of athletes |
| <b>Host of Activity</b>                          | Division Office   |
| <b>Period Covered (Inclusive of Travel Time)</b> | January 16 - Obat ES<br>January 17 - Manalongon CES<br>January 18 - Cawitan ES  |
| <b>Venue/Destination</b>                         | Sta. Catalina Districts 1-4   |
| <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 ANTHONY A. PAJUELAS**  
Name and Signature of Requesting Employee

January 16, 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 16 2024  
Date

Approved:

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

1/17/2024  
Date



CONTROL NO:  
0045

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

RELEASE  
NO.  
DATE: 024.0128  
BY: [Signature] 17 JAN 2024  
RECORDS SECTION

|  |   |
|--|---|
| <b>Name</b>  | <b>Karina Louise de la Cruz, MD</b> – Medical Officer III<br><b>Marianne Mae Ragas</b> – Nurse II |
| <b>Permanent Station</b>                                   | Division Office   |
| <b>Purpose of Travel</b>                                   | Physical assessment of athletes and coaches for NORAA   |
| <b>Host of Activity</b>                                    | Division Office   |
| <b>Period Covered</b><br><i>(Inclusive of Travel Time)</i> | January 16, 2024  |
| <b>Venue/Destination</b>                                   | NOHS  |
| <b>Fund Source</b>   | MOOE  |

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

*[Signature]*  
**DR. KARINA LOUISE B. DE LA CRUZ**

**January 15, 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.

*[Signature]*  
**RACHEL B. PICARDAL EdD**  
Chief Education Supervisor, SGOD

**JAN 16 2024**

Name and Signature of Recommending Authority

Date

**APPROVED**

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

**1/17/2024**

Name and Signature of Approving Authority

Date

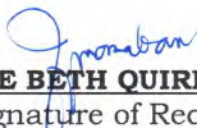




Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

DepEd Negros Oriental  
**RELEASE**  
NO. 024.0128  
DATE 17 JAN 2024  
RECORD SECT.

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

|  |  |
|--|--|
| <b>Name</b>  | <b>DEANNE BETH QUIRIT MANABAN, RN</b>  |
| <b>Position/ Designation</b>   | Nurse II   |
| <b>Permanent Station</b>   | Division Office  |
| <b>Purpose of Travel</b><br>(must be supported by attachments)   | Render health services to teaching and non-teaching personnel. Conduct health assessment to elementary learners, monitor OK sa DepEd programs; Clinic duty |
| <b>Host of Activity</b>  | Division Office  |
| <b>Inclusive Dates</b>   | January 16, 2024 – Valencia CES SDHCP<br>January 18- 2024 - Bongbong Elementary School   |
| <b>Destination</b>   | Valencia District  |
| <b>Fund Source</b>   | MOOE   |
| <i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>   |  |
| <p style="text-align: center;"><br/><b>DEANNE BETH QUIRIT MANABAN, RN</b><br/>Name and Signature of Requesting Employee</p> <p style="text-align: right;">January 15, 2024<br/>Date</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 style="text-align: center;"><br/><b>RACHEL B. PICARDAL EdD</b><br/>Chief, Education Supervisor SGOD<br/>Name and Signature of Recommending Authority</p> <p style="text-align: right;"><u>JAN 16 2024</u><br/>Date</p> |  |
| <p>Approved:</p> <p style="text-align: center;"><br/><b>NERI C. OJASTRO EdD, CESO V</b><br/>Schools Division Superintendent</p> <p style="text-align: right;"><u>1/17/2024</u><br/>Date</p>                               |  |