



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

RELEASE  
 NO.: 024-0129  
 DATE: 17 JAN 2024  
 BY: [Signature]  
 RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>ROSALIE A. ENARDECIDO</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Render health services to teaching and non-teaching personnel. Conduct health assessment to elementary learners.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	January 16, 2024 – Iniban ES January 17-18- 2024- Ayungon CES
<b>Destination</b>	Ayungon District 2
<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]  
**ROSALIE A. ENARDECIDO, RN** January 15, 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 15 2024  
 Chief, Education Supervisor SGOD Date  
 Name and Signature of Recommending Authority




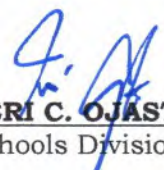
Approved:  
[Signature]  
**NERI C. OJASTRO EdD, CESO V** 1/17/24  
 Schools Division Superintendent Date



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

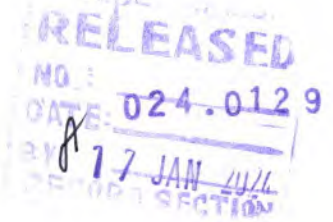
RELEASED  
024.0129  
JAN 17 2024  
SECTION

<b>Name</b>	<b>Kathleen Joy U. Juntilla and Gwynne Stacy Moncida</b>	
<b>Position/ Designation</b>	Nurse II	
<b>Permanent Station</b>	Division Office	
<b>Purpose of Travel</b> (must be supported by attachments)	Render health service to teaching and non-teaching personnel, health assessment of learners and vital signs of athletes.	
<b>Host of Activity</b>	SDO Negros Oriental	
<b>Inclusive Dates</b>	January 16, 2024 – Casiano Z. Napigkit NHS	
<b>Destination</b>	Sta. Catalina I District	
<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>    <b>Kathleen Joy U. Juntilla/ Gwynne Stacy Moncida</b>  Name and Signature of Requesting Employee </p> <p style="text-align: right;"> <u>January 15, 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>   <b>RACHEL B. PICARDAL EdD</b>  Chief, Education Supervisor SGOD  Name and Signature of Recommending Authority </p> <p style="text-align: right;"> <u>JAN 16 2024</u>  Date </p>		
<p>Approved:</p> <p>   <b>NERI C. OJASTRO EdD CESO V</b>  Schools Division Superintendent </p> <p style="text-align: right;"> <u>1/17/24</u>  Date </p>		



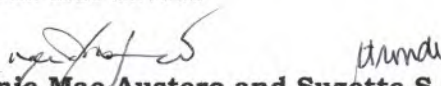
Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



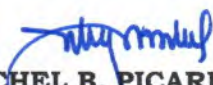
<b>Name</b>	<b>Melanie Mae O. Austero, Suzette S. Onde, Emilda K. Chiu, Ellen R. Mayagma, Marianne Mae Ragas, Jimzu Patalan Maria Nhemia Besario, Maria Lovelyn Mananquil, Maranatha Udjaji</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Monitor SBFP – NFP and Milk delivery and provision of technical assistance
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	January 17 – Mabinay 1 & 2 January 19 – Mabinay 3 & 4
<b>Destination</b>	Mabinay 1, 2, 3 and 4 Districts
<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 Austero and Suzette S. Onde**  
Name and Signature of Requesting Employee

January 15, 2024  
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**  
Chief, Education Supervisor SGOD  
Name and Signature of Recommending Authority

JAN 15 2024

Date

Approved:

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


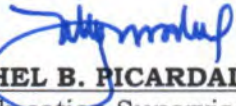
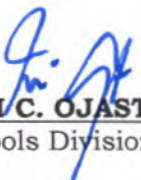
1/17/24  
Date



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Department of Education  
Schools Division of Negros Oriental

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**RELEASED**  
NO. 024.0129  
DATE: 17 JAN 2024  
SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>Suzette S. Onde, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Render health service to teaching and non-teaching personnel; Monitor implementation of OKD Programs
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	January 16, 2024 – Bolisong ES
<b>Destination</b>	Manjuyod 2 District
<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 style="text-align: center;">   <b>Suzette S. Onde</b>  Name and Signature of Requesting Employee </p> <p style="text-align: right;"> <u>January 15, 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;">   <b>RACHEL B. PICARDAL EdD</b>  Chief, Education Supervisor SGOD  Name and Signature of Recommending Authority </p> <p style="text-align: right;"> <u>JAN 16 2024</u>  Date </p>	
<p>Approved:</p> <p style="text-align: center;">   <b>NERL C. OJASTRO EdD CESO V</b>  Schools Division Superintendent </p> <p style="text-align: right;"> <u>1/17/24</u>  Date </p>	

ANNEX A



Control No. 0046

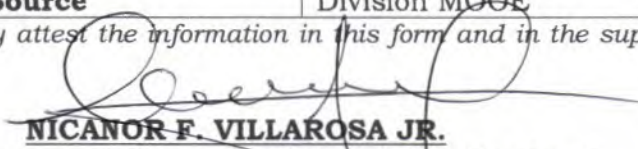

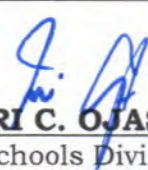
Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

RELEASED  
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DATE 17 JAN 2024  
SECTION

<b>Name</b>	<b>NICANOR F. VILLAROSA JR.</b>
<b>Position/Designation</b>	DENTIST II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To provide oral health talks, perform oral examination and assessment. To do dental extractions of learners, teaching and non-teaching personnel. To distribute BSBF boxes.
<b>Host of Activity</b>	School Division of Negros Oriental School Health Section.
<b>Period Covered</b> (Inclusive of Travel Time)	January 18,19,2024 – Sumaliring CES
<b>Venue/Destination</b>	Siaton 1 and Amlan District
<b>Fund Source</b>	Division MOOE
<i>I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.</i>	
 <b>NICANOR F. VILLAROSA JR.</b> Name and Signature of Requesting Employee	
<u>January 15, 2024</u> Date	
<i>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.</i>	
 <b>RACHEL B. PICARDAL, EdD</b> Chief Education Supervisor, SGOD	
Name and Signature of Recommending Authority	
<u>JAN 16 2024</u> Date	
<b>Approved:</b>	
 <b>NERI C. OJASTRO, EdD, CESO V</b> Schools Division Superintendent	
<u>1/17/24</u> Date	

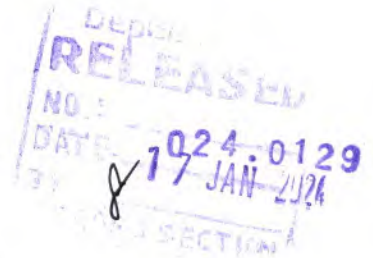
ANNEX A



Control No. 0041

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>MARIA LOVELYN V. MANANQUIL, RN</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct physical assessment to students and personnel
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	January 16, 2024- Iniban ES
<b>Venue/Destination</b>	Ayungon District 2
<b>Fund Source</b>	Division MOOE
<i>I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.</i>	
<b><u>MARIA LOVELYN V. MANANQUIL, RN</u></b> Name and Signature of Requesting Employee	<u>January 15, 2024</u> Date
<i>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.</i>	
<b><u>RACHEL B. PICARDAL, EdD</u></b> Chief Education Supervisor, SGOD Name and Signature of Recommending Authority	<u>JAN 16 2024</u> Date
<b>Approved:</b> <b><u>NERI C. OJASTRO, EdD, CESO V</u></b> Schools Division Superintendent	<u>1/17/24</u> Date

ANNEX A



Control No. 0046

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO.: 024.0129  
DATE: 17 JAN 2024  
BY: [Signature]  
RECORDS SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>ESAN VAL T. CABRERA and ALEXANDRIA N. RUPERTO, RN</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct physical assessment to students and personnel
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	January 16, 2024- <del>Iniban ES</del> January 17, 2024- Tamao HS
<b>Venue/Destination</b>	Ayungon District 2 and Jimalalud 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.

**ALEXANDRIA N. RUPERTO, RN**

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

1/17/24

Date

ANNEX A



Control No. 0046

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

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**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 render health services to teaching and non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	January 18, 2024- Jimalalud SDHCP Clinic
<b>Venue/Destination</b>	Jimalalud District II
<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 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

1/17/24

Date



ANNEX A



Control No. 0046

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

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REG. SECTION

REGION: VII- Central Visayas

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

<b>Name</b>	<b>MARK LESTER J. AMOLO AND KENNITH C. MISAMIS, RN</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To serve as medics during the Joint Municipal Meet in Ayungon District I and II.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	January 19, 2024- Ayungon Districts I and II
<b>Venue/Destination</b>	Ayungon Districts I and II
<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

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

1/17/24

Date

ANNEX A



Control No. 0044

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

RELEASED  
NO. 024.012  
DATE: 17 JAN 2024  
OFFICE OF THE SUPERVISOR  
FOR SECTION

<b>Name</b>	<b>ESAN VAL T. CABRERA, MARK LESTER J. AMOLO AND ALEXANDRIA N. RUPERTO, RN</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to teaching and non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	January 17, 2024- Tamao Elementary School
<b>Venue/Destination</b>	Jimalalud 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.

**MARK LESTER J. AMOLO, RN**

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

1/17/24

Date

ANNEX A



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Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

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DATE 024.0129  
BY 17 JAN 2024  
RECORDS SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>ESTELA S. VELASCO, RN</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to teaching and non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	January 17, 2024- Dauin CES
<b>Venue/Destination</b>	Dauin 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.

ESTELA S. VELASCO, RN

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.

RACHEL B. RICARDAL, 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

1/17/24

Date

ANNEX A



Control No. 0049

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO. 024.0129  
DATE 17 JAN 2024

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>ELIZABETH S. QUIRIT, RN</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to teaching and non-teaching personnel such Physical Examination of Athletes and to serve as medics.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	January 16, 2024- Sibulan CES January 17, 2024-Tapon Norte ES January 18, 2024- NOHS January 19, 2024- San Jose District
<b>Venue/Destination</b>	Sibulan, San Jose Districts and NOHS
<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.

*Elizabeth S. Quirit*  
**ELIZABETH S. QUIRIT, RN** 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.

*Rachel B. Picardal*  
**RACHEL B. PICARDAL, EdD** JAN 16 2024  
Chief Education Supervisor, SGOD Date  
Name and Signature of Recommending Authority

**Approved:**  
*Neri C. Ojastro*  
**NERI C. OJASTRO EdD, CESO V** 1/17/24  
Schools Division Superintendent Date

ANNEX A



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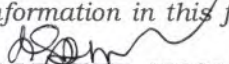

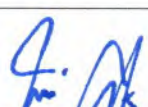
Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

RELEASED  
NO. 024.0129  
DATE: 17 JAN 2024  
BY: [Signature]  
RECORD SECTION

<b>Name</b>	<b>MARK LESTER AMOLO, KENNITH MISAMIS, ESAN VAL CABRERA, MARIA LOVELYN MANANQUIL, ALEXANDRIA RUPERTO, ROSALIE ENARDECIDO, MELANIE MAE AUSTERO, SUZETTE ONDE, DENNIS CHAVEZ, AND ANA MAE FESARIT, RN</b>	
<b>Position/Designation</b>	NURSE II	
<b>Permanent Station</b>	Division Office	
<b>Purpose of Travel</b>	To conduct physical examination of athletes in Bindoy I and II Districts	
<b>Host of Activity</b>	Division Office	
<b>Period Covered (Inclusive of Travel Time)</b>	January 18, 2024- Bindoy CES	
<b>Venue/Destination</b>	Bindoy I District	
<b>Fund Source</b>	Division MOOE	
<i>I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.</i>		
 <b>MARK LESTER AMOLO, RN</b> Name and Signature of Requesting Employee		<u>January 15, 2024</u> Date
<i>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.</i>		
 <b>RACHEL B. PICARDAL, EdD</b> Chief Education Supervisor, SGOD Name and Signature of Recommending Authority		<u>JAN 16 2024</u> Date
<b>Approved:</b>	 <b>NERI C. OJASTRO EdD, CESO V</b> Schools Division Superintendent	<u>1/17/24</u> Date