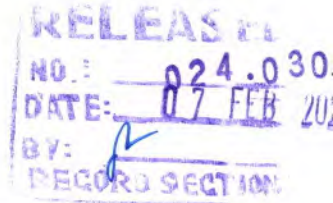




**Republic of the Philippines**  
**Department of Education**  
 Schools Division of Negros Oriental

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



<b>Name</b>	<b>ELLEN R. MAYAGMA</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Orientation to the Provincial Nutrition Evaluation Team
<b>Host of Activity</b>	Provincial Health Office
<b>Inclusive Dates</b>	February 7, 2024
<b>Destination</b>	Provincial Health Office
<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 align="center">   <b>ELLEN R. MAYAGMA</b>            Name and Signature of Requesting Employee         </p> <p align="right"> <u>February 6, 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 align="center">   <b>RACHEL B. PICARDAL, EdD</b>            Chief, Education Supervisor SGOD         </p> <p>           Name and Signature of Recommending Authority _____ Date _____         </p>	
<p>Approved by:            By the Authority of the Schools Division Superintendent:</p> <p align="center">   <b>ATTY. MARJORIE D. PORCINA</b>            Legal Assistant            Officer-In-Charge         </p> <p align="right"> <u>2/6/24</u>            Date         </p>	