



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

## TRAVEL

## AUTHORITY FOR OFFICIAL TRAVEL

RELEASED  
NO. 024.0358  
DATE 15 FEB 2024  
BY: [Signature]  
SECTION: [Signature]

<b>Name</b>	<b>Brent John Trasmonte, Maria Lovelyn V. Mananquil, Ellen Mayagma, Emilda K. Chiu, Janet L. Gaddi, Gwynne Stacy Moncida, Mary Ruth Gloria, Mark Anthony Pajuelas, Carmi Ann S. Alforque</b>	
<b>Position/ Designation</b>	Nurses	
<b>Permanent Station</b>	Division Office	
<b>Purpose of Travel</b> (must be supported by attachments)	Monitor the SBFP implementation of elementary schools; Provide technical assistance to school personnel on SBFP Forms 1-6	
<b>Host of Activity</b>	Division Office	
<b>Inclusive Dates</b>	February 14, 2023	
<b>Destination</b>	Sta. Catalina 3 and 4 Districts	
<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>    <b>Emilda K. Chiu and Ellen R. Mayagma</b>  Name and Signature of Requesting Employee </p> <p style="text-align: right;"> February 12, 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;">   Date </p>		
<p>Approved by:</p> <p>   <b>NERI C OJASTRO, EdD, CESO V</b>  Schools Division Superintendent </p> <p style="text-align: right;">   Date </p>		



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**


<b>Name</b>	<b>Dr. Karina Louise B. de la Cruz, Suzette S. Onde, Melanie Mae O. Austero, Kenneth C. Misamis, Melydith Baldado, Esan Val Cabrera, Dennis Chavez, Maria Lovelyn V. Mananquil, Alexandria N. Ruperto, Ana Mae Fesarit, Rosalie Enardecido, and Mark Lester J. Amolo</b>
<b>Position/ Designation</b>	Medical Officer III and Nurses
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Conducts medical examination to SHS students for Work Immersion and athletes and coaches for NORAA 2024
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	February 13, 2023
<b>Destination</b>	DLANHS-SHS, Bindoy 2 District
<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.

  
**MELANIE MAE O. AUSTERO & SUZETTE S. ONDE**  
Name and Signature of Requesting Employee

February 12, 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

2/12/24  
Date

Approved by:

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

2/14/24  
Date

ANNEX A



No.: 0111

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

TRAVEL

## AUTHORITY FOR OFFICIAL TRAVEL

RELEASED  
024.0358  
15 FEB 2024

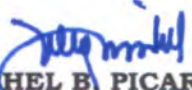
<b>Name</b>	<b>Brent John Trasmonte, Maria Lovelyn V. Mananquil, Ellen Mayagma, Emilda K. Chiu, Suzette S. Onde, Melanie Mae O. Austero, Dennis Chavez, Melydith Baldado</b>
<b>Position/ Designation</b>	Nurses
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Monitor the SBFP implementation of elementary schools; Provide technical assistance to school personnel on SBFP Forms 1-6
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	February 16, 2023
<b>Destination</b>	La Libertad 1 & 2 Districts
<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.

  
**Emilda K. Chiu and Ellen R. Mayagma**  
Name and Signature of Requesting Employee


February 12, 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

2/12/24  
Date

Approved by:

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

2/14/24  
Date



**CONTROL NO:**  
0111

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

75 FEB 2024  
S

<b>Name</b>	<b>DR. KARINA LOUISE B. DE LA CRUZ</b> – Medical Officer III
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Health certification of athletes for upcoming NORAA and of senior high school students for work immersion programs
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> <i>(Inclusive of Travel Time)</i>	February 14, 2024 - NOHS February 21, 2024 – Manjuyod CES February 22, 2024 – La Libertad Districts
<b>Venue/Destination</b>	February 28, 2024 – Jimalalud Districts February 29, 2024 – Tayasan 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.*

**DR. KARINA LOUISE B. DE LA CRUZ**

**February 14, 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, SGOD

**FEB 14 2024**

Name and Signature of Recommending Authority

Date

**APPROVED**

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

**2/14/24**

Name and Signature of Approving Authority

Date



ANNEX A



Control No. 011

Republic of the Philippines  
Department of Education

RELEASED  
15 FEB 2024  
SECTION

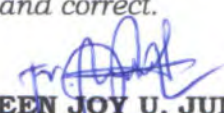
**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

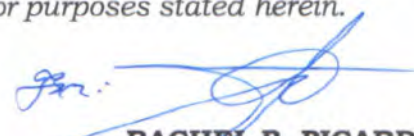
<b>Name</b>	<b>KATHLEEN JOY U. JUNTILLA, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Health Teaching about eye care and proper handling and use of eyeglasses to high school students; Assist in the distribution of eyeglasses.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	February 16, 2024- Zamboanguita HS
<b>Venue</b>	Zamboanguita 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.*

  
**KATHLEEN JOY U. JUNTILLA, RN**  
Name and Signature of Requesting Employee

February 14, 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

2/14/24  
Date

Approved:   
**NERI C. OJASTRO, Ed.D, CESO V**  
Schools Division Superintendent

2/14/24  
Date

ANNEX A



Control No. 011

Republic of the Philippines  
Department of Education

15 FEB 2024

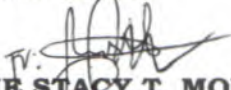
**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

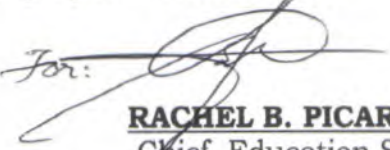
**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental

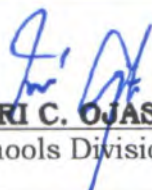
<b>Name</b>	<b>GWYNNE STACY T. MONCIDA, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To attend monitoring and evaluation Local Level Program Implementation (MELLPI)
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 14, 2024- Tayak BHS
<b>Venue</b>	Siaton 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.*

  
**GWYNNE STACY T. MONCIDA, RN** February 14, 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.*

For:   
**RACHEL B. PICARDAL, Ed. D** 2/14/24  
Chief, Education Supervisor Date  
Name and Signature of Recommending Authority

Approved:   
**NERI C. OJASTRO, Ed.D, CESO V** 2/14/24  
Schools Division of Negros Oriental Date

ANNEX A



Control No. 0111

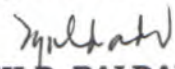
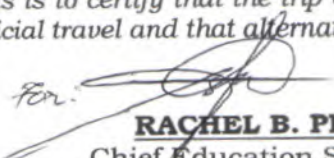

Republic of the Philippines  
**Department of Education**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

75 FEB-2024  
So

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>Dr. Karina Louise de la Cruz, Dennis Chavez, Melydith P. Baldado, Mark Lester J. Amolo, Esan Val T. Cabrera, Alexandria N. Ruperto, Maria Lovelyn V. Mananquil, Suzette Onde, Melanie Mae O. Austero, Ana Mae C. Fesarit, Kenneth Misamis, Rosalie A. Enardecido</b>
<b>Position/Designation</b>	MEDICAL OFFICER III, NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render Physical examination among athletes, Coaches for NORAA and Learners for Immersion.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 21, 2024 - Manjuyod District 1& 2 February 22, 2024 - Lalibertad District 1& 2 February 29, 2024 - Tayasan District 1 & 2 March 1, 2024 - Ayungon District 1& 2
<b>Venue/Destination</b>	Lalibertad Dist. 1&2, Jimalalud Dist. 1&2, Tayasan Dist.1&2, Ayungon Dist.1&2, Manjuyod Dist.1&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.	
<p style="text-align: center;"> <b>MELYDITH P. BALDADO, RN, LPT</b> Name and Signature of Requesting Employee</p> <p style="text-align: right;">February 14, 2024 Date</p>	
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.	
<p>For:  <b>RACHEL B. PICARDAL, EdD</b> Chief Education Supervisor, SGOD Name and Signature of Recommending Authority</p> <p style="text-align: right;">2/14/24 Date</p>	
<b>APPROVED:</b>  <b>NERI C. OJASTRO Ed.D, CESO V</b> Schools Division Superintendent <p style="text-align: right;">2/14/24 Date</p>	

ANNEX A



Control No. 0111

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

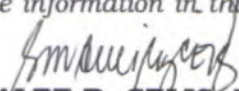
15 FEB 2024  
SC

**REGION:** VII- Central Visayas

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

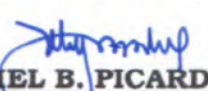
<b>Name</b>	<b>ANNALEE R. CELIS R.N, MARIANNE MAE M. RAAGAS, R.N., BRENT JOHN TRASMONTE</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct health lectures to all Grade 7 students (ARH, NDEP, FOOD SAFETY)
<b>Host of Activity</b>	Division Office, School Health Section
<b>Period Covered (Inclusive of Travel Time)</b>	February 16, 2024 – CORNHS
<b>Venue/Destination</b>	San Jose 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.

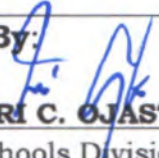
  
**ANNALEE R. CELIS, RN**  
Name and Signature of Requesting Employee

February 12, 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

2/12/2024  
Date

**Approved By:**  
  
**NERI C. OJASTRO, EdD., CESO V**  
Schools Division Superintendent  
Name and Signature of Approving Authority

2/14/24  
Date:



ANNEX A



Control No. 011

Republic of the Philippines  
Department of Education

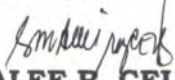
**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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


<b>Name</b>	<b>ANNALEE R. CELIS, MARIANNE MAE M. RAAGAS, RN</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct health check up of athletes for Municipal Meet
<b>Host of Activity</b>	Division Office, School Health Section
<b>Period Covered (Inclusive of Travel Time)</b>	February 13, 2024 – Mabinay I District Office February 14, 2024 – Bagtic NHS
<b>Venue/Destination</b>	Mabinay I 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.*

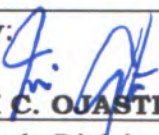
  
**ANNALEE R. CELIS, RN**  
Name and Signature of Requesting Employee

February 12, 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

2/12/2024  
Date

**Approved By:**  
  
**NERI C. OQUASTRO, EdD., CESO V**  
Schools Division Superintendent  
Name and Signature of Approving Authority

2/14/24  
Date:

ANNEX A



Control No. 0111

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 health assessment to learners; render health services to teaching and non-teaching personnel
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 13, 2024 - Zamboanguita CES Clinic February 14, 2024 - CTO February 15, 2024 - Division Office February 16, 2024 - Zamboanguita Science HS
<b>Destination</b>	
<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 Y. HABABAG, RN**  
Name and Signature of Requesting Employee

**February 12, 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

**2/12/24**  
Date

Approved by:

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

**2/14/24**  
Date



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

## TRAVEL

## AUTHORITY FOR OFFICIAL TRAVEL

024-0358  
15 FEB 2024  
MR. S. P. M. - 2

<b>Name</b>	<b>MARY RUTH C. GLORIA</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 implementation of elementary schools; provide technical assistance to school personnel. Attend seminar.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	February 14, 2024- Sta. Catalina Dist. 3-4 Elementary School February 15, 2024- Sierra Hotel
<b>Destination</b>	Sta Catalina Districts 3 and 4
<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.

**MARY RUTH C. GLORIA, RN**  
Name and Signature of Requesting Employee

February 12, 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

2/12/24  
Date

Approved by:

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

2/14/24  
Date

ANNEX A



Control No. 011

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

24376  
157.0353  
15 FEB 2024  
6

**REGION:** VII- Central Visayas

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

<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>	To render dental services to Teaching and Non-Teaching personnel. To render dental services among learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	FEB. 16 & 20, 2024—CATICUGAN ES
	SCHOOLS OF SIATON DISTRICT 3
<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.*

**CHARLOTTE FRANCIS T. SINGSON**  
Name and Signature of Requesting Employee

**February 12, 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

**2/12/24**  
Date

Approved by:

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

**2/14/24**  
Date

ANNEX A



Control No. 0111

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RECEIVED  
DEP. ED. OFFICE  
13 FEB 2024  
8

**REGION:** VII- Central Visayas

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


<b>Name:</b>	<b>MELCHORA DIOSDADA G. ASDILLO</b> <b>GWENETH CELESTE O. GEODESICO</b> <b>NIÑA HYACINTH P. HERRERA</b> <b>RUNI JOHN P. TERO</b>
<b>Position/Designation</b>	DENTIST II and DENTAL AIDE
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render dental services to Teaching and Non-Teaching personnel. To render dental services among learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	FEB. 13-14, 2024—SIBULAN CES FEB. 16 & 20-23, 2024—SIBULAN CES
	SCHOOLS OF SIBULAN 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.

  
**MELCHORA DIOSDADA G. ASDILLO**  
Name and Signature of Requesting Employee


**February 12, 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

**2/12/24**  
Date

Approved by:

  
**NERIC C. OJASTRO EdD, CESO V**  
Schools Division Superintendent  
Schools Division of Negros Oriental

**2/14/24**  
Date

ANNEX A



Control No. 6111

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>MARIVIC S. INIT</b>
<b>Position/Designation</b>	DENTIST II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render dental services to Teaching and Non-Teaching personnel. To render dental services among learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	FEB. 14 & 16, 2024—CABANGAHAN ES
	SCHOOLS OF SIATON IV 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.

**MARIVIC S. INIT**  
Name and Signature of Requesting Employee

**February 12, 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

**2/12/24**  
Date

Approved by:

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

**2/14/24**  
Date

ANNEX A



Control No. 0111

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><u>ESAN VAL T. CABRERA, MARIA LOVELYN V. MANANQUIL, ALEXANDRIA N. RUPERTO</u></b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct health assessment to learners; render health services to teaching and non-teaching personnel
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 14, 2024 - Pinalubngan ES February 16, 2024 - Pinalubngan HS
<b>Destination</b>	Tayasan 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.

  
**ALEXANDRIA N. RUPERTO, RN**  
Name and Signature of Requesting Employee


**February 12, 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

**2/12/24**  
Date

Approved by:

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

**2/14/24**  
Date



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



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MARK LESTER J. AMOLO, RN, LPT</b> <b>KENNITH C. MISAMIS, RN</b>	
<b>Position/ Designation</b>	Nurse II	
<b>Permanent Station</b>	Division Office	
<b>Purpose of Travel</b> (must be supported by attachments)	Monitor Ok sa DepEd Programs. Render Health services to TP/NTP.	
<b>Host of Activity</b>	SDO Negros Oriental	
<b>Inclusive Dates</b>	February 14, 2024- BCES/ Bindoy SHDCP Clinic February 16, 2024- DLANHS-SHS	
<b>Destination</b>	Bindoy District 1 and 2	
<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>MARK LESTER J. AMOLO, RN, LPT</b> Name and Signature of Requesting Employee</p> <p style="text-align: right;">February 12, 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 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;">2/12/24 Date</p>		
<p>Approved:</p> <p style="text-align: center;"> <b>NERI C. OJASTRO EdD CESO V</b> Schools Division Superintendent</p> <p style="text-align: right;">2/14/24 Date</p>		