

ANNEX A



Control No. 0133

Republic of the Philippines  
**Department of Education**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

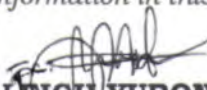
NO 024-0429  
DATE 21 FEB 2024  
RECORDS SECTION

**REGION:** VII- Central Visayas

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

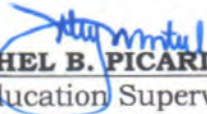
<b>Name:</b>	<b>FARRENN LEIGH YURONG-HABABAG, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Conduct Physical and Psychosocial examination to learners with individualized health discussion. Provide health services to teaching and non-teaching personnel of the school, monitor school canteen and monitor implementation of ok sa DepEd Health programs.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	February 21, 2024- Palayuhan ES February 22, 2024- Palayuhan HS February 23, 2024- Siaton National HS
	Siaton 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.

  
**FARRENN LEIGH YURONG-HABABAG, RN**  
Name and Signature of Requesting Employee

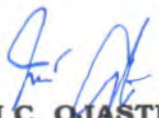
**February 21, 2024**  
Date

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

**FEB 21 2024**  
Date

Approved by:

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

**2/21/24**  
Date

ANNEX A



Control No. 0133

Republic of the Philippines  
**Department of Education**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO 024.0423  
DATE 27-FEB-2024  
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**REGION:** VII- Central Visayas

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

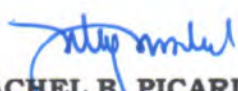
<b>Name:</b>	<b>MARIANNE MAE RAGAS, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Clinic Duty. Provide health services to teaching and non-teaching personnel of the school, monitor school canteen and monitor implementation of ok sa DepEd Health programs.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 21, 2024- Mabinay CES
	Mabinay District III
<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.*

  
**MARIANNE MAE RAGAS, RN**  
Name and Signature of Requesting Employee


**February 21, 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

**FEB 21 2024**  
Date

Approved by:

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

**2/21/24**  
Date

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Republic of the Philippines  
Department of Education

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NO 024-0423  
DATE 21 FEB 2024  
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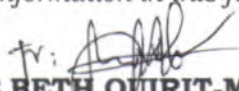
**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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


<b>Name:</b>	<b><u>DEANNE BETH QUIRIT-MANABAN, RN</u></b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Clinic Duty. Provide health services to teaching and non-teaching personnel of the school, monitor school canteen and monitor implementation of ok sa DepEd Health programs.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 21, 2024- Valencia CES
	Valencia 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.*

*Tr:*   
**DEANNE BETH QUIRIT-MANABAN, RN**  
Name and Signature of Requesting Employee

**February 21, 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

**FEB 21 2024**

Date

Approved by:

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

**2/21/24**

Date

ANNEX A



Control No. 0733

Republic of the Philippines  
**Department of Education**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**


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21 FEB 2024  
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**REGION:** VII- Central Visayas

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


<b>Name:</b>	<b>MARK ANTHONY A. PAJUELAS, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Provide health services to teaching and non-teaching personnel of the school, monitor school canteen and monitor implementation of ok sa DepEd Health programs.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 21, 2024- Sta. Catalina Science HS
	Sta. Catalina District III
<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, RN**  
Name and Signature of Requesting Employee


**February 21, 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

**FEB 21 2024**  
Date

Approved by:

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

**2/21/24**  
Date

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Republic of the Philippines  
**Department of Education**

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**REGION:** VII- Central Visayas

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

024.0423  
DATE: 21 FEB 2024  
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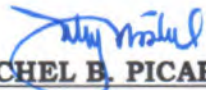
<b>Name:</b>	<b>MARYDEL C. CADIENTE, RN, MSN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Provide health services to teaching and non-teaching personnel of the school, monitor school canteen and monitor implementation of ok sa DepEd Health programs. Conduct Physical Health Examination of learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 22, 2024- Buntod HS
	Bacong 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.

  
**MARYDEL C. CADIENTE, RN, MSN**  
Name and Signature of Requesting Employee

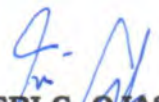
**February 21, 2024**  
Date

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

**FEB 21 2024**  
Date

Approved by:

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

**2/21/24**  
Date

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Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

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21 FEB 2024  
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**REGION:** VII- Central Visayas

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

<b>Name:</b>	<b>DR. KARINA LOUISE B DE LA CRUZ</b> <b>MARYDEL C. CADIENTE, RN, MSN</b> <b>ESTELA S. VELASCO, RN</b>
<b>Position/Designation</b>	Nurse II, <i>Medical Officer III</i>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Clinic Duty. Provide health services to teaching and non-teaching personnel of the school, monitor school canteen and monitor implementation of ok sa DepEd Health programs. Conduct Physical Health Examination of learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 23, 2024- Dauin District
	Dauin 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>MARYDEL C. CADIENTE, RN, MSN</b> Name and Signature of Requesting Employee	<b>February 21, 2024</b> 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	<b>FEB 21 2024</b> Date
Approved by:	
<b>NERI C. OJASTRO EdD, CESO V</b> Schools Division Superintendent Schools Division of Negros Oriental	<b>2/21/24</b> Date