

ANNEX A



Control No. 0139

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

024-0447  
23 FEB 2024

<b>Name</b>	<b>ESAN VAL T. CABRERA, MARIA LOVELYN MANANQUIL</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to T & NT personnel and conduct physical assessment to school learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 23, 2024- Bae ES
<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.

*Esan Val T. Cabrera*

**ESAN VAL T. CABRERA, RN**

Name and Signature of Requesting Employee

February 22, 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*

**RACHEL B. PICARDAL, EdD**

Chief Education Supervisor, SGOD

Name and Signature of Recommending Authority

FEB 22 2024

Date

**APPROVED:**

*Neri C. Ojastro*

**NERI C. OJASTRO EdD, CESO V**

Schools Division Superintendent

2/24/24

Date

ANNEX A



Control No. 0139

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

024-0447  
23 FEB 2024  
SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>EMILDA CHIU, RN</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Attend feeding program by the Non-Government Organization; To render health services to T & NT personnel and conduct physical assessment to school learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 28, 2024- Nabago ES February 28, 2024- Felix M. Tio MES
<b>Venue/Destination</b>	Zamboanguita District 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.

  
**EMILDA CHIU, RN**

Name and Signature of Requesting Employee

February 22, 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 22 2024

Date

**APPROVED:**

  
**NERI C. OJASTRO EdD, CESO V**

Schools Division Superintendent

2/22/24

Date



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Control No. 0139

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

024-0447  
23 FEB 2024  
RECEIVED SECTION

<b>Name</b>	<b>MARK ANTHONY A. PAJUELAS, RN</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to T & NT personnel and conduct physical assessment to school learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 22, 2024- Don Emilio Macias Memorial NHS
<b>Venue/Destination</b>	Santa Catalina 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 Anthony Pajuelas*

**MARK ANTHONY PAJUELAS, RN**

Name and Signature of Requesting Employee

February 22, 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*

**RACHEL B. PICARDAL, EdD**

Chief Education Supervisor, SGOD

Name and Signature of Recommending Authority

FEB 22 2024

Date

APPROVED:

*Neri C. Ojastro*

**NERI C. OJASTRO EdD, CESO V**

Schools Division Superintendent

2/22/24

Date

ANNEX A



Control No. 0139

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO. 024-0447  
23 FEB 2024  
OFFICE OF THE SECRETARY

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>DEANNE BETH Q. MANABAN, RN</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to T&NT Personnel, conduct monitoring to OK sa DepEd Programs and provide technical assistance to school health coordinator.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	Feb. 22, 2024 – Bong-ao ES
<b>Venue/Destination</b>	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.

*for: [Signature]*

**DEANNE BETH Q. MANABAN, RN**  
Name and Signature of Requesting Employee

February 22, 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.

*[Signature]*

**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

FEB 22 2024  
Date

**APPROVED:**

*[Signature]*

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

2/22/24  
Date



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Control No. 0139

Republic of the Philippines  
**Department of Education**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

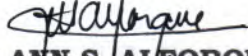
**REGION:** VII- Central Visayas

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

RELEASED  
NO. 024-0447  
DATE  
f 23 FEB 2024  
SECTION


<b>Name</b>	<b>CARMI ANN S. ALFORQUE, RN</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to T&NT Personnel, conduct monitoring to OK sa DepEd Programs and provide technical assistance to school health coordinator.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	Feb. 23, 2024 – Sta. Catalina CES
<b>Venue/Destination</b>	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.*

  
**CARMI ANN S. ALFORQUE, RN**  
Name and Signature of Requesting Employee

February 22, 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 22 2024  
Date

**APPROVED:**

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

2/22/24  
Date

ANNEX A



Control No. 0139

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. 024-0447  
23 FEB 2024  
REGISTRATION SECTION

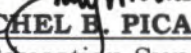
<b>Name:</b>	<b>ANNALEE R. CELIS, MARIANNE MAE M. RAGAS, BRENT JOHN D. TRASMONTE</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Provide health services to teaching and non-teaching personnel of the school, monitor school canteen and implementation of ok sa DepEd Health programs. Conduct lecture on ARH, School Canteen Safety, NDEP.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	February 22, 2024 – Crisostomo O. Retes NHS
<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.

  
**BRENT JOHN D. TRASMONTE, RN**  
Name and Signature of Requesting Employee

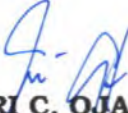
**February 21, 2024**  
Date

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 22 2024**  
Date

Approved by:

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

**2/22/24**  
Date



ANNEX A



Control No. 0139

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO. 024-0447  
DATE 23 FEB 2024  
OFFICE OF THE SECRETARY

**REGION:** VII- Central Visayas

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


<b>Name:</b>	<b><u>DR. MELCHORA DIOSDADA G. ASDILLO</u></b> <b><u>DR. GWENETH CELESTE O. GEODESICO</u></b> <b><u>DR. NIÑA HYACINTH P. HERRERA</u></b> <b><u>RUNIE JOHN TERO</u></b>
<b>Position/Designation</b>	Dentists and Dental Aide
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Provide oral health services to teaching and non-teaching personnel of the school.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	FEB. 27 & 28, 2024-LOCMES (AJONG E/S) FEB. 29, 2024- SIBULAN CENTRAL E/S
<b>Venue/Destination</b>	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.

  
**Dr. Melchora Diosdada G. Asdillo, DMD**  
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 22 2024**  
Date

Approved by:

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

**2/22/24**  
Date

ANNEX A



Control No. 0139

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

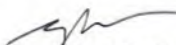
REL 025-044  
NO  
DATE 23 FEB 2024  
SECTION

**REGION:** VII- Central Visayas

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


<b>Name:</b>	<b><u>DR. MELCHORA DIOSDADA G. ASDILLO</u></b> <b><u>DR. GWENETH CELESTE O. GEODESICO</u></b> <b><u>DR. NIÑA HYACINTH P. HERRERA</u></b> <b><u>RUNIE JOHN TERO</u></b> <b><u>JERRY CAMPOY</u></b>
<b>Position/Designation</b>	Dentists and Dental Aide
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Provide oral health services to teaching and non-teaching personnel of the school.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	FEB.22, 2024-SIBULAN CES
<b>Venue/Destination</b>	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.*

  
**Dr. Melchora Diosdada G. Asdillo, DMD**  
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, SGO  
Name and Signature of Recommending Authority

**FEB 22 2024**  
Date

Approved by:

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

**2/22/24**  
Date



ANNEX A



Control No. 0139

Republic of the Philippines  
**Department of Education**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**


RELEASE  
NO. 024-0447  
DATE 23 FEB 2024  
RECEIVED

**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>	Provide health services to teaching and non-teaching personnel of the school, monitor school canteen and implementation of ok sa DepEd Health programs. Conduct lecture on ARH, School Canteen Safety, NDEP.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	MARCH 2024 4-8, 2024- NORAA 12-14- BolocBoloc ES 19- Sibulan CES 20- Escaguit ES 21- Enrique Villa HS
<b>Venue/Destination</b>	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.

  
**ELIZABETH S. QUIRIT, 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 22 2024**

Date

Approved by:

  
**NERI C. OJASTRO EdD, CESO V**

Schools Division Superintendent  
Schools Division of Negros Oriental

Date

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

Department of Education  
REGION VII - CENTRAL VISAYAS  
SCHOOLS DIVISION OF NEGROS ORIENTAL

**ITINERARY OF TRAVEL**  
**For the month of MARCH 2024**

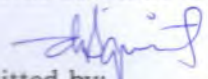
**OBJECTIVES:**

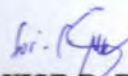
1. Monitor the implementation of the OK sa DepEd flagship programs: *School-Based Feeding Program, Adolescent Reproductive Health Program, National Drug Education program, School Mental Health, and WINS;*
2. Provide dental services to teaching and nonteaching personnel, and learners;
3. Monitor the adherence of health protocols during the conduct of the limited face-to-face classes or any school-related activities in schools;
4. Attend scheduled meeting/conferences in the Division Office and schools;
5. Conduct any health education topics to all teaching and non-teaching personnel in the Division Office, District offices and in schools;
6. To conduct school visits; and
7. Draft/submit reports of accomplishment.

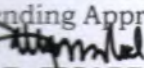
**SCHEDULE OF ACTIVITIES:**

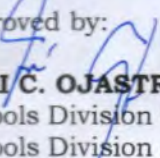
- |                              |                       |
|------------------------------|-----------------------|
| 1 -Division Office           | 16 - <b>SATURDAY</b>  |
| 2 - <b>SATURDAY</b>          | 17 - <b>SUNDAY</b>    |
| 3 - <b>SUNDAY</b>            | 18 -Division Office   |
| 4 - Division Office (NORAA)  | 19 - Sibulan CES      |
| 5 - Division Office (NORAA)  | 20 - Escaguit ES      |
| 6 - Division Office (NORAA)  | 21 - Enrique Villa HS |
| 7 - Division Office (NORAA)  | 22 - Division Office  |
| 8 - Division Office (NORAA)  | 23 - <b>SATURDAY</b>  |
| 9 - <b>SATURDAY</b>          | 24 - <b>SUNDAY</b>    |
| 10 - <b>SUNDAY</b>           | 25 - Division Office  |
| 11 - Division Office (NORAA) | 26 - Division Office  |
| 12 -Bolocboloc ES            | 27 - Division Office  |
| 13 - Bolocboloc ES           | 28 - Holiday          |
| 14 - Bolocboloc ES           | 29 - Holiday          |
| 15 -Division Office          | 30 - <b>SATURDAY</b>  |
|                              | 31 - <b>SUNDAY</b>    |

*Note: This schedule is subject to change when deemed necessary.*

Submitted by:  
  
**ELIZABETH S. QUIRIT, RN**  
Nurse - II

Concurred:  
  
**KARINA LOUISE B. DE LA CRUZ, MD**  
Medical Officer III

Recommending Approval:  
  
**RACHEL B. PICARDAL EdD**  
Chief Education Supervisor, SGOD

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

_____	Date
_____	Date





ANNEX A



Control No. 0139

Republic of the Philippines  
Department of Education

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

RELEASED  
NO. 024-044  
DATE 23 FEB 2024  
BY [Signature]  
RECORDS SECTION

**REGION:** VII- Central Visayas

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

<b>Name:</b>	<b><u>CHARLOTTE FRANCIS T. SINGSON, DMD</u></b>
<b>Position/Designation</b>	Dentist II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Dental examination of athletes for NORAA.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 22, 2024 – Zamboanguita CES
<b>Venue/Destination</b>	Zamboanguita 2 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.

CHARLOTTE FRANCIS T. SINGSON, DMD  
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 22 2024  
Date

Approved by:

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

Date

Date

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

ANNEX A



Control No. 0139

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

REL 024.04  
NO. DATE  
23 FEB 2024  
REL. SECT.

**REGION:** VII- Central Visayas

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

<b>Name:</b>	<b>ANNALEE R. CELIS, 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. Conduct Physical Health Examination of learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	February 21, 2024 - Mabinay CES
<b>Venue/Destination</b>	Mabinay 3 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 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 22 2024**

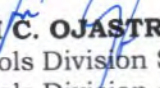
Date

Approved by:

  
**NERI C. OJASTRO EdD, CESO V**

Schools Division Superintendent  
Schools Division of Negros Oriental

**2/21/24**  
Date

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