

ANNEX A



Control No. 0157

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

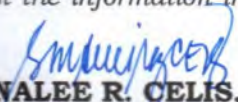
RECEIVED  
024-0489  
DATE 27 FEB 2024  
OFFICE OF THE SUPERINTENDENT

**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>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to personnel teaching & non-teaching personnel, check up of athletes for NORAA Meet
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	February 27, 2024- San Jose District February 28, 2024- Amlan District (CES) February 29, 2024- CORNHS
<b>Venue/Destination</b>	San Jose District, Amlan 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 26, 2024  
Date

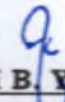
*This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.*

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

\_\_\_\_\_  
Date

**Approved By:**

By the Authority of the Schools Division Superintendent:

  
**LANI B. YURONG**  
Administrative Officer V  
Office-In-Charge

2/26/24  
Date

ANNEX A



Control No. 0151

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

024-0489  
27 FEB 2024

**REGION:** VII- Central Visayas

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


<b>Name</b>	<b>ANA MAE C. FESARIT, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct nursing health services to teaching/non-teaching personnel and school learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 27, 2024- South Pob. ES 28,2024- Jimalalud CES, District II 29,2024- Tayasan CES, District II
<b>Venue</b>	Ayungon I and Manjuyod I District and Dumaguete City
<b>Fund Source</b>	MOOE

*I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.*

  
**ANA MAE C. FESARIT, RN**  
Name and Signature of Requesting Employee

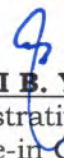
February 26, 2024  
Date

*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

\_\_\_\_\_  
Date

*By the authority of the Schools Division Superintendent*

  
**LANI B. YURONG**  
Administrative Officer V  
Office-in Charge

2/26/24  
Date