

ANNEX A



Control No. 10165

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

EDU NFG.01  
RELEASE  
NO. 024-0580  
DATED 0 MAR 2024  
BY [Signature]  
REGISTRY SECT

<b>Name</b>	<b>BRENT JOHN D. TRASMONTE</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to T&NT Personnel; monitor OKD programs.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	February 29, 2024 – Martin Benjamin MES
<b>Venue/Destination</b>	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.*

**Brent John D. Trasmonte, RN**  
Name and Signature of Requesting Employee

February 29, 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

\_\_\_\_\_  
Date

Approved by:

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

2/29/24  
Date



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

DepED NEG. OR  
RELEASED  
NO. 024-0580  
DATE: 06 MAR 2024  
BY: *cc*  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<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> (must be supported by attachments)	Render health services to personnel and conduct health assessment to learners	
<b>Host of Activity</b>	SDO Negros Oriental	
<b>Inclusive Dates</b>	February 28, 2024 –Neg. Or. Convention Center February 29, 2024 – Sumaliring HS	
<b>Destination</b>	Siaton District 1	
<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>FARRENN LEIGH Y. HABABAG, RN</b>            Name and Signature of Requesting Employee         </p> <p style="text-align: right;"> <u>February 28, 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 style="text-align: center;">   <b>RACHEL B. PICARDAL EdD</b>            Chief, Education Supervisor SGOD         </p> <p>           Name and Signature of Recommending Authority _____ 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;"> <u>2/29/24</u>            Date         </p>		



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RELEASED  
 NO.: 024-0580  
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 RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

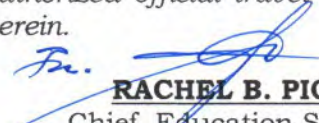
<b>Name</b>	<b>ESAN VAL CABRERA, FARRENN LEIGH HABABAG, MARK ANTHONY PAJUELAS, BRENT JOHN TRASMONTE</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Serve as ushers and usherettes during the turnover of books and learning resources.
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	February 28, 2024
<b>Destination</b>	Neg. Or. Convention Center
<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.*

  
**FARRENN LEIGH Y. HABABAG, RN**  
 Name and Signature of Requesting Employee

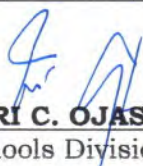
February 28, 2024  
 Date

*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

\_\_\_\_\_  
 Date

Approved:

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

2/29/24  
 Date