



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO.: 024-0005  
DATE: 03-11-2024  
BY: [Signature]  
RECORD SECTION

<b>Name</b>	<b>CARMI ANN S. ALFORQUE, RN MARY RUTH 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 and provide technical assistance on SBFP and school canteen implementation.
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	March 13 – Valencia District March 14 – Dauin District March 15 – Bacong District
<b>Destination</b>	Valencia, Dauin and Bacong 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.

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

March 11, 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

MAR 11 2024  
Date

Approved:

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

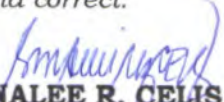


3/11/24  
Date



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

RELEASED  
NO.: 024.0675  
DATE: 13 MAR 2024  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>ANNALEE R. CELIS</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 medic for NORAA, render health services and monitor OKD program, to conduct health lectures ARH, NDEP
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	March 4-8, 2024 –NORAA medic March 12, 2024 - Plaza Maria Luisa March 13, 2024 - Mabinay NHS March 14, 2024 – Manlingay HS March 15, 2024 – San Jose District
<b>Destination</b>	Maslog Gym, Plaza Maria Luisa, Mabinay III, San Jose District
<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 style="text-align: center;">   <b>ANNALEE R. CELIS</b> </p> <p>Name and Signature of Requesting Employee <span style="float: right;"><u>March 11, 2024</u> Date</span></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 <span style="float: right;"><u>MAR 11 2024</u> Date</span></p>	
<p>By the authority of the Schools Division Superintendent:</p> <p style="text-align: center;">   <b>NERI C. OJASTRO EdD, CESO v</b>          Schools Division Superintendent       </p> <p>Name and Signature of Approving Authority <span style="float: right;"><u>3/12/24</u> Date</span></p>	



ANNEX A

No.: 0178



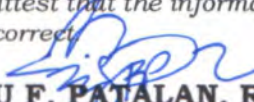
Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

RELEASED  
NO: 024-0675  
DATE: 13 MAR 2024  
BY: [Signature]  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**


<b>Name</b>	<b>JIMZU F. PATALAN, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Courtesy call to School Head, to conduct needs assessments on school clinics, to meet with the different focal personnel of OKD programs
<b>Host of Activity</b>	SDO NegOr School Health Section
<b>Inclusive Dates</b>	March 13, 2024
<b>Destination</b>	Luyang ES
<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.

  
**JIMZU F. PATALAN, RN**  
Name and Signature of Requesting Employee

**MARCH 11, 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.

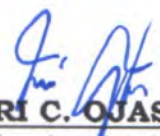
  
**RACHEL B. PICARDAL EdD**  
Chief, Education Supervisor, SGOD

**MAR 11 2024**

\_\_\_\_\_  
Name and Signature of Recommending Authority

\_\_\_\_\_  
Date

**APPROVED**

  
**NERI C. QUASTRO, EdD, CESO V**  
Schools Division Superintendent  
Name and Signature of Approving Authority

**3/12/24**  
Date

ANNEX A



Control No. 0178

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

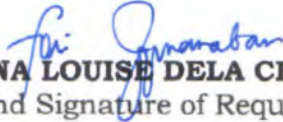
RELEASED  
NO. 024-007/5  
DATE: 13 MAR 2024  
CORR SECTION

**REGION:** VII- Central Visayas

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

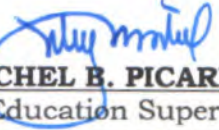
<b>Name</b>	<b>DR. KARINA LOUISE DELA CRUZ</b>
<b>Position/Designation</b>	MEDICAL OFFICER III
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Conduct health awareness about respiratory diseases and health assessment of learners
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	March 12-13, 2024 – Maslog ES
<b>Venue/Destination</b>	Sibulan 1 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.*

  
**KARINA LOUISE DELA CRUZ, MD**  
Name and Signature of Requesting Employee

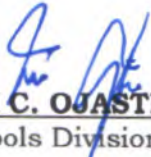
March 11, 2024  
Date

*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

MAR 11 2024

Date

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

3/12/24  
Date



ANNEX A



Control No. 0178

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO: 024-0615  
DATE: 11 MAR 2024  
BY: Cb  
RECORD SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>DEANNE BETH QUIRIT MANABAN, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct health assessment and treatment to school learners; render health services to teaching and non-teaching personnel, monitor and provide technical assistance to OK sa DepEd health programs.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	March 12, 2024 – Balili 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.

*Dr. D. Manaban*  
**DEANNE BETH QUIRIT MANABAN, RN**  
Name and Signature of Requesting Employee

March 11, 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.

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

MAR 11 2024  
Date

**APPROVED:** *N. Ojastro*  
**NERI C. OJASTRO EdD, CESO V**  
Schools Division Superintendent

3/12/24  
Date



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO: \_\_\_\_\_  
DATE: \_\_\_\_\_  
SECTION: \_\_\_\_\_

<b>Name</b>	EMILDA K. CHIU, RN
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Render health service to T and NT personnel and conduct physical assessment to learners
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	March 13 - Zamboanguita CS
<b>Destination</b>	Zamboanguita District 2
<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.

*Emilda K. Chiu*

**Emilda K. Chiu, RN**

Name and Signature of Requesting Employee

March 11, 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*  
**RACHEL B. PICARDAL EdD**

Chief, Education Supervisor SGOD

Name and Signature of Recommending Authority

MAR 11 2024

Date

Approved:

*Neri C. Ojastro*  
**NERI C. OJASTRO EdD CESO V**

Schools Division Superintendent

3/12/24

Date

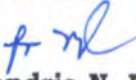

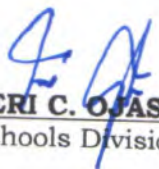




Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

RELEASED  
NO: 0178-0019  
DATE: 3/12/24  
CORRECTION SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>ALEXANDRIA N. RUPERTO, 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 and provide technical assistance on SBFP and WinS implementation.	
<b>Host of Activity</b>	SDO Negros Oriental	
<b>Inclusive Dates</b>	March 13 – Valencia District	
<b>Destination</b>	Valencia District	
<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>Alexandria N. Ruperto, RN</b>  Name and Signature of Requesting Employee </p> <p style="text-align: right;"> <u>March 11, 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  Name and Signature of Recommending Authority </p> <p style="text-align: right;"> <u>MAR 11 2024</u>  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>3/12/24</u>  Date </p>		

ANNEX A



Republic of the Philippines  
Department of Education

Control No. 0178

RELEASED  
NO: 024-0675  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_  
RECORD SECTION


**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

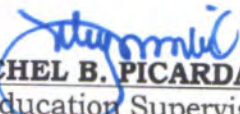
<b>Name</b>	<b>MARIA LOVELYN V. MANANQUIL, ROSALIE A. ENARDECIDO, ANA MAE C. FESARIT</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct MELLPI monitoring
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	March 13, 2024 – Mabato ES/HS, Manogtong ES, Amdus ES
<b>Venue/Destination</b>	Ayungon I and II Districts
<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.

  
**MARIA LOVELYN V. MANANQUIL, RN**  
Name and Signature of Requesting Employee

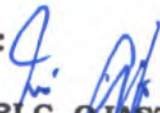
March 11, 2024  
Date

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

MAR 11 2024

Date

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

3/12/24

Date



ANNEX A



Republic of the Philippines  
Department of Education

Control No. 0174

RELEASED!  
NO: 024-0675  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

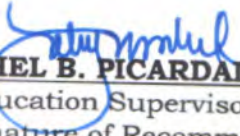
<b>Name</b>	<b>ESAN VAL T. CABRERA, MARIA LOVELYN V. MANANQUIL, ALEXANDRIA N. RUPERTO</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct health assessment and treatment to school learners; render health services to teaching and non-teaching personnel, monitor and provide technical assistance to OK sa DepEd health programs.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	March 12, 2024 – Mahanlod ES March 13, 2024 – Agutayon ES
<b>Venue/Destination</b>	Jimalalud II 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.


  
**MARIA LOVELYN V. MANANQUIL, RN**  
Name and Signature of Requesting Employee

March 11, 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

MAR 11 2024  
Date

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

3/12/24  
Date

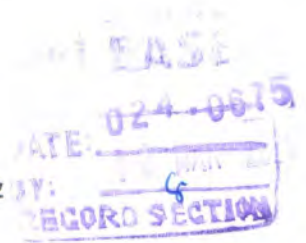
ANNEX A



Control No. 0178

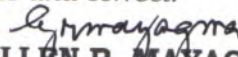
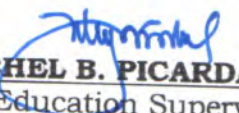

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>ELLEN R. MAYAGMA, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Physical examination of school children. SBFP monitoring and evaluation. Render health services to teaching and non teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	March 20, 2024- Calangag Elem. School March 22, 2024- Buntod Elem. School
<b>Venue/Destination</b>	Bacong District
<b>Fund Source</b>	MOOE
<i>I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.</i>	
 <b>ELLEN R. MAYAGMA, RN</b>	
Name and Signature of Requesting Employee	<u>March 12, 2024</u> 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	<u>MAR 12 2024</u> Date
Approved:	
 <b>NERI C. OJASTRO EdD, CESO V</b> Schools Division Superintendent	
	<u>3/12/24</u> Date





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

RELEASED!  
DATE: 024-0015  
BY: G  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	Marilyn Alcalá
<b>Position/ Designation</b>	Dentist II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To render dental care services to school learners and teaching personnel.
<b>Host of Activity</b>	SDO NegOr School Health Section
<b>Inclusive Dates</b>	Mar 13-15, 2024 – Bacong CES
<b>Destination</b>	Bacong District
<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.

*AKA*

**Marilyn Alcalá**

**March 12, 2024**

Name and Signature of Requesting Employee

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*  
**RACHEL B. PICARDAL EdD**

Chief, Education Supervisor, SGOD

**MAR 12 2024**

Name and Signature of Recommending Authority

Date

**APPROVED**

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

Schools Division Superintendent

Name and Signature of Approving Authority

**3/12/24**

Date