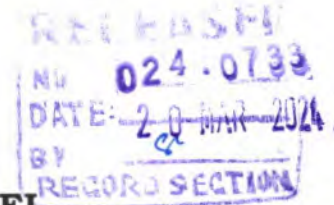




Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

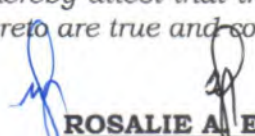
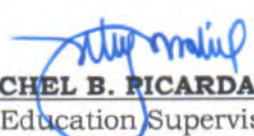
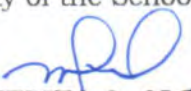
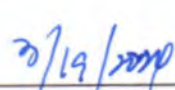
<b>Name</b>	<b>MARIA LOVELYN MANANQUIL, ALEXANDRIA RUPERTO</b>	
<b>Position/ Designation</b>	Nurse II	
<b>Permanent Station</b>	Division Office	
<b>Purpose of Travel</b> (must be supported by attachments)	Conduct health assessment to school learners.	
<b>Host of Activity</b>	Division Office	
<b>Inclusive Dates</b>	March 20, 2024 – Kilaban ES	
<b>Destination</b>	Ayungon 2 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>   <b>MARIA LOVELYN MANANQUIL, RN</b>  Name and Signature of Requesting Employee </p> <p style="text-align: right;"> <u>March 19, 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>   <b>RACHEL B. PICARDAL, EdD</b>  Chief, Education Supervisor SGOD  Name and Signature of Recommending Authority </p> <p style="text-align: right;"> <u>MAR 19 2024</u>  Date </p>		
<p><b>Approved:</b></p> <p>By the Authority of the Schools Division Superintendent:</p> <p>   <b>CARMELITA A. ALCALA, EdD</b>  Education Program Supervisor  OIC Chief, CID  Office-In-Charge </p> <p style="text-align: right;"> <u>3/19/2024</u>  Date </p>		



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

RELEASED  
 NO: 024-0733  
 DATE: 20 MAR 2024  
 BY: Sc  
 RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>ROSALIE A. ENARDECIDO, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Conduct health assessment to school learners.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	March 19, 2024 – TAMBO HS
<b>Destination</b>	Ayungon 2 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>   <b>ROSALIE A. ENARDECIDO, RN</b>                  Name and Signature of Requesting Employee             </p> <p style="text-align: right;">                 March 19, 2024                  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>   <b>RACHEL B. PICARDAL, EdD</b>                  Chief, Education Supervisor SGOD                  Name and Signature of Recommending Authority             </p> <p style="text-align: right;">                 MAR 19 2024                  Date             </p>	
<p><b>Approved:</b></p> <p>By the Authority of the Schools Division Superintendent:</p> <p>   <b>CARMELITA A. ALCALA, EdD</b>                  Education Program Supervisor                  OIC Chief, CID                  Office-In-Charge             </p> <p style="text-align: right;">                   Date             </p>	

ANNEX A



Control No. 0203

Republic of the Philippines  
Department of Education

RECEIVED  
NO. 024.0733  
DATE 20 MAR 2024  
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</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 Oksa DepEd Programs. To conduct physical assessment to learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	March 20, 2024- Camandayon ES
<b>Venue/Destination</b>	Jimalalud District 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.

**ESAN VAL T. CABRERA, RN**  
Name and Signature of Requesting Employee

March 19, 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 19 2024

Date

**APPROVED:**

By the Authority of the Schools Division Superintendent:

**CARMELITA A. ALCALA, EdD**  
Education Program Supervisor  
OIC Chief, CID  
Office-In-Charge

3/19/24  
Date



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

RELEASED  
 NO.: 024-0733  
 DATE: 20 MAR 2024  
 BY: [Signature]  
 RECORDS SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<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> (must be supported by attachments)	Render health services to teaching and non-teaching personnel. Clinic duty & health assessment to school learners.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	March 20, 2024 – Aw-a ES March 21, 2024 – Sta. Catalina CES
<b>Destination</b>	Sta. Catalina District 3
<b>Fund Source</b>	MOOE

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

for: [Signature]

**MARK ANTHONY A. PAJUELAS, RN**  
 Name and Signature of Requesting Employee

March 19, 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.*

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

MAR 19 2024

Date

**Approved:**

By the Authority of the Schools Division Superintendent:

[Signature]  
**CARMELITA A. ALCALA, EdD**  
 Education Program Supervisor  
 OIC Chief, CID  
 Office-In-Charge

3/19/2024  
 Date

ANNEX A



Control No. 0203

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

RELEASE  
NO. 024-0133  
DATE 20 MAR 2024  
REGISTRATION SECTION


<b>Name</b>	<b>ESTER I. NUEZ</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 Ok sa DepEd Programs. To conduct physical assessment to learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	March 22, 2024 – Libertad Ong Calderon MES
<b>Venue/Destination</b>	Sibulan District 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.

  
**ESTER I. NUEZ, RN,RMT,MPH**  
Name and Signature of Requesting Employee

March 19, 2024  
Date

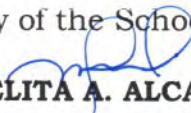
This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

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

MAR 19 2024  
Date

**APPROVED:**

By the Authority of the Schools Division Superintendent:

  
**CARMELITA A. ALCALA, EdD**  
Education Program Supervisor  
OIC Chief, CID  
Office-In-Charge

2/12/2024  
Date

ANNEX A



Control No. 0203

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. 024-0133  
DATE: 20-MAR-2024  
BY: [Signature]  
SECTION

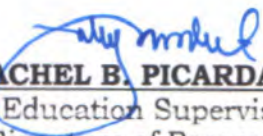
<b>Name</b>	<b>ESTER I. NUEZ</b> <b>ELIZABETH S. QUIRIT</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to T&NT Personnel. Monitor Ok sa DepEd Programs. To conduct physical assessment to learners and give lectures on Mental Health
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	March 20, 2024- Escaguit ES March 21, 2024 – Enrique Villanueva HS
<b>Venue/Destination</b>	Sibulan District 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.*

  
**ESTER I. NUEZ/ ELIZABETH S. QUIRIT**  
Name and Signature of Requesting Employee

March 19, 2024  
Date

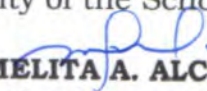
*This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.*

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

MAR 19 2024  
Date

**APPROVED:**

By the Authority of the Schools Division Superintendent:

  
**CARMELITA A. ALCALA, EdD**  
Education Program Supervisor  
OIC Chief, CID  
Office-In-Charge

3/19/2024  
Date

ANNEX A


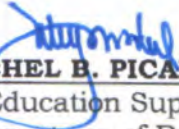



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Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

RELEASED  
NO: 024-0113  
DATE:  
BY:  
RECORD SECTION

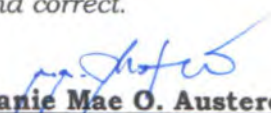
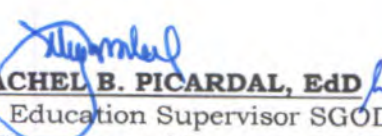

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>Suzette S. Onde, RN</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 service to teaching and Non-teaching personnel; Monitor OKD programs; Perform Physical Assessment among learners
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	March 20, 2024 –Manjuyod CES
<b>Destination</b>	Manjuyod District II
<b>Fund Source</b>	MOOE
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>	
<p style="text-align: center;"> <b>Suzette S. Onde</b></p> <p>Name and Signature of Requesting Employee</p>	
<p style="text-align: right;">March 19, 2024</p> <p style="text-align: right;">Date</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 style="text-align: center;"> <b>RACHEL B. PICARDAL, EdD</b> Chief, Education Supervisor SGOD</p> <p>Name and Signature of Recommending Authority</p>	
<p style="text-align: right;">MAR 19 2024</p> <p style="text-align: right;">Date</p>	
Approved By Authority of the Schools Division Superintendent:	
<p style="text-align: center;"> <b>CARMELITA A. ALCALA, EdD</b> Education Program Supervisor OIC-Office of the CID Office-In-Charge</p> <p style="text-align: right;">3/19/2024</p> <p style="text-align: right;">Date</p>	



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>Melanie Mae O. Austero, RN</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 service to teaching and Non-teaching personnel; Monitor OKD programs; Perform Physical Assessment among learners
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	March 20, 2024 -Bindoy CES
<b>Destination</b>	Bindoy District I
<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>Melanie Mae O. Austero</b>            Name and Signature of Requesting Employee         </p> <p style="text-align: right;"> <u>March 19, 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 19 2024</u>            Date         </p>	
<p>Approved By Authority of the Schools Division Superintendent:</p> <p style="text-align: center;">   <b>CARMELITA A. ALCALA, EdD</b>            Education Program Supervisor            OIC-Office of the CID            Office-In-Charge         </p> <p style="text-align: right;"> <u>3/19/2024</u>            Date         </p>	



ANNEX A

No.: 0203



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

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NO: 0203-0122  
DATE: \_\_\_\_\_  
SECTION: \_\_\_\_\_

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>Kennith C. Misamis, RN</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 service to teaching and Non-teaching personnel; Monitor OKD programs; Perform Physical Assessment among learners
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	March 20, 2024 -DLANHS
<b>Destination</b>	Bindoy District II
<b>Fund Source</b>	MOOE

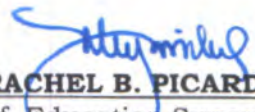
I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.

  
**Kennith C. Misamis**

March 19, 2024  
Date

Name and Signature of Requesting Employee

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 19 2024

Name and Signature of Recommending Authority

Date

Approved  
By Authority of the Schools Division Superintendent:

  
**CARMELITA A. ALCALA, EdD**  
Education Program Supervisor  
OIC-Office of the CID  
Office-In-Charge

3/19/2024  
Date

ANNEX A



No.: 0203

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

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DATE \_\_\_\_\_  
BY \_\_\_\_\_  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	Dr. Karina Louise B. de la Cruz, Felix III Mosqueda, Suzette S. Onde, Melanie Mae O. Austero, Emilda K. Chiu, Ellen R. Mayagma, Brent John Trasmonte, Janet L. Gaddi, Maria Lovelyn Mananquil, Farren Leigh Y. Hababag, Carmi Ann Alforque, Marydel Cadiente, KENNETH C. MISCAMIS
<b>Position/ Designation</b>	MO III and Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Monitor SBFP delivery and provide technical assistance in the accomplishment of SBFP Forms
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	March 21, 2024
<b>Destination</b>	Zamboanguita I and II Districts
<b>Fund Source</b>	MOOE

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

**Emilda K. Chiu, RN**

Name and Signature of Requesting Employee

March 19, 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 19 2024

Date

**Approved:**

By the Authority of the Schools Division Superintendent:

**CARMELITA A. ALCALA, EdD**  
Education Program Supervisor  
OIC Chief, CID  
Office-In-Charge

3/19/2024

Date

ANNEX A



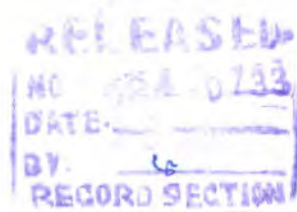
Control No. 0203

Republic of the Philippines  
**Department of Education**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

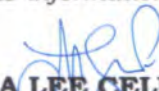
**REGION:** VII- Central Visayas

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



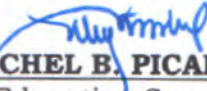
<b>Name</b>	<b>ANNA LEE CELIS</b>
<b>Position/Designation</b>	<b>Nurse II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to learners, T & NT personnel; Physical Assessment of learners; school canteen monitoring
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	MARCH 19, 2024, CORNHS MARCH 20, 2024-MANLINGAY ES MARCH 21, 2024-MANLINGAY HS MARCH 22, 2024-SIAPO HS
<b>Venue/Destination</b>	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.

  
**ANNA LEE CELIS, RN**  
Name and Signature of Requesting Employee

March 19, 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 19 2024  
Date

**APPROVED:**

By the Authority of the Schools Division Superintendent:

  
**CARMELITA A. ALACALA, EdD**  
Education Program Supervisor  
OIC Chief, CID  
Office-In-Charge

3/19/2024  
Date