

ANNEX A



Control No. 0266

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO.: 024-0953  
DATE: 16 APR 2024  
BY: [Signature]  
RECORD SECTION

**REGION:** VII- Central Visayas

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

<b>Name:</b>	<b>ROSALIE A. ENARDECIDO</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct physical assessment to secondary learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	April 16-17, 2024 – Ayungon NHS
<b>Venue/Destination</b>	Ayungon 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.

*[Signature]*  
**ROSALIE A. ENARDECIDO, RN**  
Name and Signature of Requesting Employee

April 12, 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

4/12/2024

Date

Approved:

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

4/15/2024

Date

ANNEX A



Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

Control No. 0266



**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>JIMZU F. PATALAN, RN</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To attend courtesy call to school head, to monitor OKDs programs, to conduct physical assessment to learners and to render health services to teaching and non-teaching personnel
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	April 18, 2024- Abis ES (Mabinay IV District Office) April 19, 2024- Nabaliwan ES April 25, 2024- Abis ES (Mabinay IV District Office) April 26, 2024- Pinayon-an ES
<b>Venue/Destination</b>	Mabinay District IV
<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.

**JIMZU F. PATALAN, RN**

Name and Signature of Requesting Employee

April 12, 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

4/12/2024

Date

**APPROVED:**

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

Schools Division Superintendent

4/15/2024

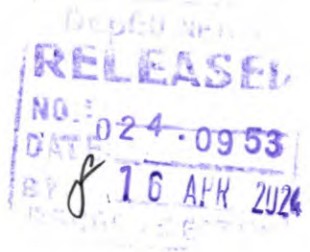
Date







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



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

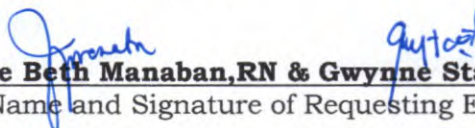
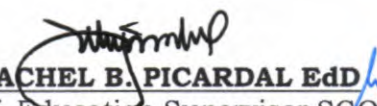
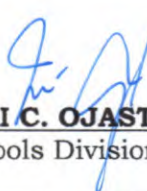
<b>Name</b>	<b>FARRENN LEIGH Y. HABABAG , RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To provide health services to teaching and non-teaching personnel and conduct health assessment to learners
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	April 12, 2024
<b>Destination</b>	Paciente Cesar G Cabrera High School
<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><i>for: gwf</i> <b>FARRENN LEIGH Y. HABABAG</b> April 12, 2024 Name and Signature of Requesting Employee 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><i>[Signature]</i> <b>RACHEL B. PICARDAL, EdD</b> 4/12/2024 Chief, Education Supervisor, SGOD Date Name and Signature of Recommending Authority</p>	
<p><b>APPROVED</b></p> <p><i>[Signature]</i> <b>NERI C. OJASTRO EdD, CESO V</b> 4/15/2024 Schools Division Superintendent Date Schools Division of Negros Oriental</p>	





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

No.: 0266**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>DEANNE BETH QUIRIT-MANABAN, RN GWYNNE STACY TORRES-MONCIDA, 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 & Non- Teaching Personnel; Conduct Health inspection, treatment and referral of learners.	
<b>Host of Activity</b>	SDO Negros Oriental	
<b>Inclusive Dates</b>	April 16, 2024 – Palinpinon ES April 17, 2024 – Pulangbato SHS April 18, 2024 – Palinpinon ES	
<b>Destination</b>	Valencia District	
<b>Fund Source</b>	Division MOOE	
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>		
 <b>Deanne Beth Manaban, RN &amp; Gwynne Stacy Moncida, RN</b> Name and Signature of Requesting Employee		<u>April 12, 2024</u> Date
<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>		
 <b>RACHEL B. PICARDAL EdD</b> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority		<u>4/12/2024</u> Date
Approved:		
 <b>NERI C. OJASTRO EdD CESO V</b> Schools Division Superintendent		<u>4/15/2024</u> Date

ANNEX A



Control No. 0266

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

DEPED REGION VII  
**RELEASED**  
NO. 024-0953  
DATE 16 APR 2024  
BY [Signature]

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>MARIANNE MAE M RAGAS, RN</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	to monitor OKDs programs, to conduct physical assessment to learners and to render health services to teaching and non-teaching personnel
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	April 18, 2024- Mabinay CES April 19, 2024- Sibulan CES
<b>Venue/Destination</b>	Mabinay District III and 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.

[Signature]  
**MARIANNE MAE M RAGAS, RN**

Name and Signature of Requesting Employee

April 15, 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

4/15/2024

Date

**APPROVED:**

[Signature]  
**NERI C. QJASTRO EdD, CESO V**

Schools Division Superintendent

4/15/2024

Date



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Republic of the Philippines  
Department of Education

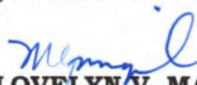
**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>MARIA LOVELYN V. MANANQUIL, ALEXANDRIA N. RUPERTO, ESAN VAL T. CABRERA AND SUZETTE S. ONDE</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Monitor OK sa Deped health programs and assist in the conduct of LGU-supported feeding activity.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	April 16, 2024
<b>Venue/Destination</b>	Tayasan 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.

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


April 15, 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**  
Name and Signature of Recommending Authority

4/15/2024  
Date

Approved by:

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

4/15/2024  
Date



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

RELEASED  
 NO. 024-0953  
 DATE: 16 APR 2024  
 BY: [Signature]  
 RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>Janet L. Gaddi, RN, MAN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To render health services to school learners and teaching personnel; Conduct physical assessment to learners.
<b>Host of Activity</b>	SDO NegOr School Health Section
<b>Inclusive Dates</b>	April 17, 2024- Plaza Maria Luisa Suites Inn April 18, 2024- Salag ES April 19, 2024 - Siaton Science High School
<b>Destination</b>	Siaton 3 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.

[Signature]  
**JANET L. GADDI, RMT RN, RM, LPT, MAN**  
 Name and Signature of Requesting Employee

April 15, 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

4/15/2024

Name and Signature of Recommending Authority

Date

**APPROVED**

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

4/15/2024  
 Date






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

RELEASED  
 NO. 024-0953  
 DATE 16 APR 2024  
 BY RECORDS SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>CARMİ ANN S. ALFORQUE, 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 & Non- Teaching Personnel. Conduct health assessment to learners and monitor OK sa Deped Programs.
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	April 12, 2024 – Sta. Catalina CES April 16, 2024 – Sta. Catalina District IV April 17, 2024 - Sta. Catalina District III April 19, 2024 – Sta. Catalina CES
<b>Destination</b>	Sta. Catalina District III & IV
<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.*

  
**CARMİ ANN S. ALFORQUE, RN** April 11, 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 EdD** 4/11/2024  
 Chief, Education Supervisor SGOD Date  
 Name and Signature of Recommending Authority

Approved:

  
**NERI C. OJASTRO EdD CESO V** 4/15/2024  
 Schools Division Superintendent Date

ANNEX A



Control No. 0266

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.: 024-0953  
DATE: 10 APR 2024  
BY: [Signature]  
RECORD SECTION

<b>Name</b>	<b>Charlotte Francis T. Singson</b>
<b>Position/Designation</b>	Dentist II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Dental services to school learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	April 11-12 ,2024
<b>Venue/Destination</b>	Zamboanguita 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.

[Signature]  
**Charlotte Francis T. Singson**  
Name and Signature of Requesting Employee

April 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.

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

4/11/2024  
Date

**APPROVED:**

[Signature]  
**NERI C. OJASTRO, EdD, CESO V**  
Sschools Division Superintendent

4/15/2024  
Date



ANNEX A



Control No. 0264

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO.: 024-0953  
DATE: 16 APR 2024  
BY: [Signature]  
RECORD SECTION

**REGION:** VII- Central Visayas

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

<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>	To conduct health assessment to Grade 7 & 8 students, and to monitor OK sa DepEd Programs
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	April 12, 2024 – CORNHS April 16&17, 2024 – Siapo HS April 18&19, 2024 – Mabinay NHS
<b>Venue/Destination</b>	San Jose District, Mabinay III 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**

Name and Signature of Requesting Employee

**April 12, 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

**4/12/2024**

Date

Approved:

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

Schools Division Superintendent

**4/15/2024**

Date

ANNEX A



Control No. 0266

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. 024.0953  
DATE: 16 APR 2024  
BY: [Signature]

<b>Name</b>	<b>ARECIA B. PASQUIL, DMD</b>
<b>Position/Designation</b>	<b>DENTIST II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct oral health examination and dental treatment to learners
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	April 23 & 24, 2004 – Iniban Elementary School
<b>Venue/Destination</b>	Ayungon 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.*

[Signature]  
**ARECIA B. PASQUIL, DMD**  
Name and Signature of Requesting Employee

April 15, 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

4/15/2024  
Date

**APPROVED:**

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

4/15/2024  
Date

ANNEX A



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Control No. 0266

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASE  
NO: 024-0953  
DATE: 6-AK-2024  
RECORD SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>ESAN VAL T. CABRERA, RN, ALEXANDRIA RUPERTO</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	to conduct physical assessment to learners and to render health services to teaching and non-teaching personnel
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	April 19, 2024- Bangcal 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

April 15, 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. RICARDAL, EdD**

Chief Education Supervisor, SGOD

Name and Signature of Recommending Authority

4/15/2024

Date

**APPROVED:**

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

Schools Division Superintendent

4/15/2024

Date

ANNEX A



Control No. 0266

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RECEIVED  
024-0953  
16 APR 2024  
REGOR 2 SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>MINDA E. REGALADO, DMD</b> <b>JERRY M. CAMPOY</b>
<b>Position/Designation</b>	<b>DENTIST II</b> <b>DENTAL AIDE</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct dental health services to teaching and non-teaching personnel
<b>Host of Activity</b>	Environment and Natural Resources Division - Provincial Government of Negros Oriental
<b>Period Covered (Inclusive of Travel Time)</b>	April 16, 2024 – San Jose District
<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.

MINDA E. REGALADO

Name and Signature of Requesting Employee

April 15, 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

4/15/2024

Date

**APPROVED:**

NERI C. OJASTRO EdD, CESO V

Schools Division Superintendent

Date