

ANNEX A



Control No. 0294

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.:  
DATE: 024-1023  
BY: 24 APR 2024  
RECORD SECTION

|  |   |
|--|---|
| <b>Name</b>                                      | <b>Brent John Trasmonte</b>             |
| <b>Position/Designation</b>                      | Nurse II                                |
| <b>Permanent Station</b>                         | Division Office                         |
| <b>Purpose of Travel</b>                         | To render health services to T and NTP. |
| <b>Host of Activity</b>                          | Division Office                         |
| <b>Period Covered</b> (Inclusive of Travel Time) | April 24, 2024                          |
| <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.

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

April 24, 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.

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

4/24/24  
Date

Approved:

**By the Authority of the Schools Division Superintendent:**

**LANI B. YURONG**  
Administrative Officer V  
OFFICE-IN-CHARGE

4/24/24  
Date

ANNEX A



Control No. 0294

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**RELEASE**  
NO: 024-1023  
DATE: 24 APR 2024  
BY: [Signature]  
RECORD SECTION

**REGION:** VII- Central Visayas

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

|  |   |
|--|---|
| <b>Name</b>                                      | <b>Marilyn Alcala</b>                       |
| <b>Position/Designation</b>                      | Dentist II                                  |
| <b>Permanent Station</b>                         | Division Office                             |
| <b>Purpose of Travel</b>                         | Render dental/health services to personnel. |
| <b>Host of Activity</b>                          | Division Office                             |
| <b>Period Covered (Inclusive of Travel Time)</b> | April 24&26, 2024 – San Miguel ES           |
| <b>Venue/Destination</b>                         | Bacong 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]  
**Marilyn Alcala**  
Name and Signature of Requesting Employee

April 23, 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

4/24/2024  
Date

Approved:

**By the Authority of the Schools Division Superintendent:**

[Signature]  
**LANI B. YURONG**  
Administrative Officer V  
OFFICE - IN - CHARGE

4/24/24  
Date

ANNEX A



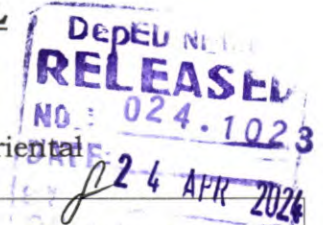
Control No. 0294

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>Emilda Chiu</b>                          |
| <b>Position/Designation</b>                      | Nurset II                                   |
| <b>Permanent Station</b>                         | Division Office                             |
| <b>Purpose of Travel</b>                         | Render dental/health services to personnel. |
| <b>Host of Activity</b>                          | Division Office                             |
| <b>Period Covered</b> (Inclusive of Travel Time) | April 26, 2024 – Maluay ES                  |
| <b>Venue/Destination</b>                         | Zamboanguita I 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.

  
**Emilda Chiu**  
Name and Signature of Requesting Employee

April 23, 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

4/24/2024  
Date

Approved:

**By the Authority of the Schools Division Superintendent:**

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

4/24/24  
Date



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

**RELEASED**  
NO.: 024.1023  
DATE: ~~24 APR 2024~~  
BY: [Signature]  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

|  |  |
|--|--|
| <b>Name</b>  | <b>MARIVIC S. INIT</b>   |
| <b>Position/ Designation</b>   | DENTIST II   |
| <b>Permanent Station</b>   | Division Office  |
| <b>Purpose of Travel</b><br>(must be supported by attachments)   | Render oral health services to Teaching & Non- Teaching Personnel. |
| <b>Host of Activity</b>  | SDO Negros Oriental  |
| <b>Inclusive Dates</b>   | April 24, 2024 – PIO MACAHIG MES                                   |
| <b>Destination</b>   | SIATON IV 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>MARIVIC S INIT, DMD</b><br>Name and Signature of Requesting Employee  | <u>April 22, 2024</u><br>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> |  |
| <i>For:</i> <b>RACHEL B. PICARDAL EdD</b><br>Chief, Education Supervisor SGOD<br>Name and Signature of Recommending Authority  | <u>4/24/24</u><br>Date   |
| Approved:<br>By the Authority of the SDO:<br><b>LANI D. YURONG</b><br>Administrative Officer II<br>Office-in-charge  | <u>4/24/24</u><br>Date   |



Republic of the Philippines  
**Department of Education**  
 REGION VII – CENTRAL VISAYAS  
 Schools Division of Negros Oriental

#0294

**RELEASED**  
 NO. 024-1023  
 DATE: 24 APR 2024  
 BY: [Signature]  
 RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

|  |  |
|--|--|
| <b>Name</b>  | <b>NICANOR F. VILLAROSA JR.</b>  |
| <b>Position/ Designation</b>                                   | Dentist II   |
| <b>Permanent Station</b>                                       | Division Office  |
| <b>Purpose of Travel</b><br>(must be supported by attachments) | To render dental health services to students, teaching and non-teaching personnel. |
| <b>Host of Activity</b>  | SDO NegOr School Health Section  |
| <b>Inclusive Dates</b>   | April 24, 2024 – Amlan CES<br>April 25, 2024 – Awarding SBFP (Convention Center)   |
| <b>Destination</b>   | Siaton 1 and Amlan 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]  
**Nicanor F. Villarosa Jr.** April 23, 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.

[Signature]  
**RACHEL B. PICARDAL EdD** 4/24/24  
 Chief, Education Supervisor, SGOD Date  
 Name and Signature of Recommending Authority

**APPROVED:**  
 By the Authority of the Schools Division Superintendent :  
[Signature]  
**LANI B. YURONG** 4/24/24  
 Administrative Officer V Date  
 OFFICE - IN - CHARGE  
 Name and Signature of Approving Authority



Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City  
 Telephone Nos.: (035) 225-2838 / 225-2376 / 422-7644

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