

ANNEX A



Control No. 0299

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

DepEd Negros Oriental  
**RELEASED**  
NO.: 024-1070  
DATE: 9 APR 2024  
BY: [Signature]

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>Elizabeth S. Quirit, RN</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 (Inclusive of Travel Time)</b>	April 24, 2024 – Bolocboloc ES
<b>Venue/Destination</b>	Sibulan 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.

*for*  
Elizabeth S. Quirit, RN  
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.

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

\_\_\_\_\_  
Date

Approved:

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

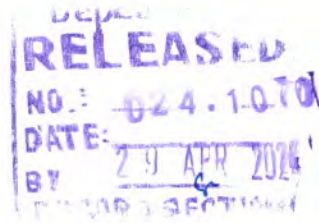
LANI B. YURONG  
Administrative Officer V  
Schools Division Negros Oriental

4/24/24  
Date



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



<b>Name</b>	<b>MELCHORA DIOSDADA G. ASDILLO JOHN TERO</b>
<b>Position/ Designation</b>	DENTIST II DENTAL AIDE
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Render oral health services to Learners, Teaching & Non-Teaching Personnel.
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	April 30, 2024 – SIBULAN CENTRAL ES
<b>Destination</b>	Sibulan 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.*

**MELCHORA DIOSDADA G ASDILLO, DMD, JOHN TERO**

Name and Signature of Requesting Employee

April 24, 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:

By the Authority of the SDS:

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

4/24/24

Date