

ANNEX A



Control No. 0310

Republic of the Philippines
Department of Education

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

DEPED OFFICE
RECEIVED
NO. 024-1108
DATE 08 MAY 2024
BY: [Signature]
SEC. SEC. SEC.

REGION: VII- Central Visayas

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

| | |
|--|--|
| Name: | EMILDA K. CHIU, RN |
| Position/Designation | Nurse II |
| Permanent Station | Division Office |
| Purpose of Travel | Conduct health assessment to learners and render health services to TP/NTP |
| Host of Activity | Division Office |
| Period Covered (Inclusive of Travel Time) | May 9, 2024- Zamboanguita CES May 10, 2024 – Mayabon ES |
| Venue/Destination | ZAMBOANGUITA 2 DISTRICT |
| Fund Source | Division MOOE |

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

[Signature]
EMILDA K. CHIU
Name and Signature of Requesting Employee

MAY 6, 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: [Signature]
RACHEL B. PICARDAL, EdD
Chief Education Supervisor, SGOD
Name and Signature of Recommending Authority

5/6/2024
Date

Approved:
By the Authority of the SDS:

[Signature]
LANI B. YURONG
Administrative Officer V
Office-In-Charge

5/6/2024
Date

ANNEX A



Control No. 0910

Republic of the Philippines
Department of Education

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

RECEIVED
NO. 024-1108
DATE: 03 MAY 2024
BY: [Signature]
RECORD SECTION

REGION: VII- Central Visayas

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

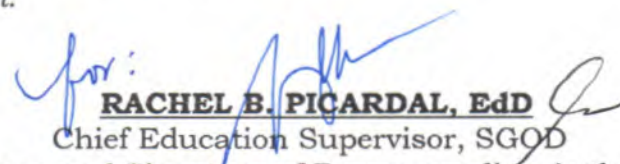
| | |
|--|---|
| Name | DENNIS E. CHAVEZ, RN |
| Position/Designation | Nurse II |
| Permanent Station | Division Office |
| Purpose of Travel | Conduct health assessment among learners. To render health services to teaching and Non-teaching Personnel. |
| Host of Activity | Division Office |
| Period Covered (Inclusive of Travel Time) | 5/10/24 -LLCES |
| Venue/Destination | Lalibertad Dist. 1 |
| Fund Source | Division MOOE |

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


DENNIS E CHAVEZ, RN
Name and Signature of Requesting Employee


May 3, 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

5/6/2024
Date

By the authority of the Schools Division Superintendent


LANI B. YURONG
Administrative Officer V
Officer - in - Charge

5/6/2024
Date



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

RECEIVED
024-1109
DATE: 08 MAY 2024
BY: [Signature]
OFFICE: [Signature]

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

| | |
|--|---|
| Name | DR. NIÑA HYACINTH P. HERRERA |
| Position/ Designation | DENTIST II |
| Permanent Station | Division Office |
| Purpose of Travel (must be supported by attachments) | Render oral health services to Teaching & Non- Teaching Personnel |
| Host of Activity | SDO Negros Oriental |
| Inclusive Dates | May 8, 2024 – Manalongon Nicolas N Lajot E/S |
| Destination | STA. CATALINA DISTRICT |
| Fund Source | 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;"> <u>NIÑA HYACINTH P. HERRERA</u> Name and Signature of Requesting Employee </p> <p style="text-align: right;"> <u>MAY 6, 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> <i>for:</i> <u>RACHEL B. PICARDAL EdD</u> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority </p> <p style="text-align: right;"> <u>5/6/2024</u> Date </p> | |
| <p><i>Approved</i> <i>By the authority of the SDO:</i></p> <p style="text-align: center;"> <u>LANI B. YURONG</u> Administrative Officer V Office In-Charge </p> <p style="text-align: right;"> <u>5/6/2024</u> Date </p> | |

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Department of Education

DepED Neg
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
TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

REGION: VII- Central Visayas

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

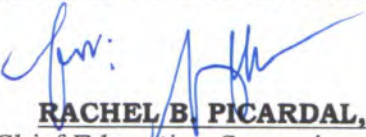
| | |
|--|---|
| Name | ESTER I. NUEZ, RN |
| Position/Designation | Nurse II |
| Permanent Station | Division Office |
| Purpose of Travel | To conduct health assessment to teaching and non-teaching personnel and follow up Endline Nutritional Status report |
| Host of Activity | |
| Period Covered (Inclusive of Travel Time) | May 9, 2024 - Cantalawan ES |
| Venue/Destination | Sibulan Dist. 2 |
| Fund Source | 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

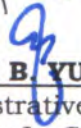
May 6, 2024
Date

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

5/6/2024
Date

Approved:
By the authority of the SDS:


LANI B. YURONG
Administrative Officer V
Office In-Charge

5/6/2024
Date

ANNEX A



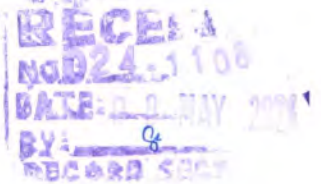
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Department of Education

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REGION: VII- Central Visayas

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



| | |
|--|---|
| Name: | <u>ROSALIE A. ENARDECIDO, RN</u> |
| Position/Designation | Nurse II |
| Permanent Station | Division Office |
| Purpose of Travel | Conduct health assessment to learners and render health services to TP/NTP. To renew PRC License |
| Host of Activity | Division Office |
| Period Covered (Inclusive of Travel Time) | May 6, 2024- PRC Robinsons, Dumaguete City May 7, 2024 – Ayungon CES- SDHCP Clinic May 8, 2024- Ayungon NHS |
| Venue/Destination | AYUNGON 1 AND 2 2 DISTRICT |
| Fund Source | Division MOOE |

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

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

MAY 6, 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

5/6/2024
Date

Approved:
By the Authority of the SDS:

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

5/6/2024
Date

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Department of Education

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

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NO. 024-1108
DATE 5/6/24
BY: [Signature]
RECORD SECTION

| | |
|---|---|
| Name: | MARIVIC INIT. DMD |
| Position/Designation | Dentist II |
| Permanent Station | Division Office |
| Purpose of Travel | Dental exam and tooth extraction of learners |
| Host of Activity | Division Office |
| Period Covered (Inclusive of Travel Time) | May 9, 2024- FELIPE TAYKO MEMORIAL SCHOOL |
| Venue/Destination | SIATON 2 DISTRICT |
| Fund Source | Division MOOE |
| <i>I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.</i> | |
| <p style="text-align: center;"> MARIVIC INIT. DMD Name and Signature of Requesting Employee</p> | <p style="text-align: center;">MAY 6, 2024 Date</p> |
| <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> | |
| <p style="text-align: center;"> RACHEL B. PICARDAL, EdD Chief Education Supervisor, SGOD Name and Signature of Recommending Authority</p> | <p style="text-align: center;">5/6/2024 Date</p> |
| Approved: By the Authority of the SDS: | |
| <p style="text-align: center;"> LANI B. YURONG Administrative Officer V Office-In-Charge</p> | <p style="text-align: center;">5/6/2024 Date</p> |