

ANNEX A



Control No. 0322

Republic of the Philippines  
**Department of Education**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

COPIED IN  
**RELEASE**  
NO.: 024-1140  
DATE: 12/10/2024  
BY: [Signature]

**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 secondary learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	May 10, 2024- Bagtic NHS
<b>Venue/Destination</b>	Mabinay District 1
<b>Fund Source</b>	Division MOOE
<i>I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.</i>	
<i>for: [Signature]</i> <b>ANNALEE R. CELIS, RN</b> Name and Signature of Requesting Employee	<u>May 10, 2024</u> Date
<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>	
<i>[Signature]</i> <b>RACHEL B. PICARDAL, EdD</b> Chief Education Supervisor, SGOD Name and Signature of Recommending Authority	<u>5/10/2024</u> Date
Approved: <i>[Signature]</i> <b>NERI C. OJASTRO, EdD, CESO V</b> Schools Division Superintendent	<u>5/10/2024</u> Date



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  
024-1140  
DATE: 30-MAY-2024  
BY:  
RECORD SECTION

<b>Name</b>	<b>KARINA LOUISE B. DE LA CRUZ, MD</b>
<b>Position/Designation</b>	Medical Officer III
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Health consultations with Kinder students; Health Teaching to teaching and non-teaching personnel
<b>Host of Activity</b>	Schools Division of Negros Oriental School Health Section
<b>Period Covered</b> (Inclusive of Travel Time)	May 15-17, 2024 – Sibulan CES
<b>Venue/Destination</b>	
<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]*  
**KARINA LOUISE B. DE LA CRUZ, MD**  
Name and Signature of Requesting Employee

**May 13, 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

**MAY 13 2024**

Date

**APPROVED :**

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

**5/13/2024**  
Date

