

ANNEX A



Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

DEPT  
REL  
NO: 0  
DATE:

ol No. 033E

RECEIVED  
SFD  
1183  
MAY 2024

**REGION:** VII- Central Visayas

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

<b>Name:</b>	<b>DR. KARINA DE LA CRUZ</b>
<b>Position/Designation</b>	Medical Officer III
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Health Assessment of Kinder learners
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	May 16, 2024= Magsaysay Memorial ES
	SIBULAN II DISTRICT
<b>Fund Source</b>	DIVISION MOOE

I hereby attest the information in this form and in the supporting documents attached here correct.

**DR. KARINA DE LA CRUZ**  
Name and Signature of Requesting Employee

**MAY 16, 2024**  
Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for 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

**MAY 16**  
Date

Approved by:

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

**5/16/24**  
Date

rue and

r authorized

ANNEX A



Cc. 0737

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

DEU NFO...  
LEASED  
024-1183  
16 MAY 2024  
R  
SEC...

<b>Name</b>	<b>ARECIA B. PASQUIL, DMD</b>
<b>Position/Designation</b>	DENTIST II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct oral examination to learners and to teaching an personnel.
<b>Host of Activity</b>	Region VII
<b>Period Covered (Inclusive of Travel Time)</b>	May 17, 2024
<b>Venue/Destination</b>	Bindoy CES
<b>Fund Source</b>	Division MOOE

teaching  
rue and  
thorized

I hereby attest the information in this form and in the supporting documents attached here correct.

**ARECIA B. PASQUIL**

May 16, 2024  
Date

Name and Signature of Requesting Employee

This is to certify that the trip of the requesting employee satisfies all the minimum conditions official travel and that alternatives to travel are insufficient for purposes stated herein.

**RACHEL B. PICARDAL, EdD**

MAY 16 2024

Chief Education Supervisor, SGOD

Name and Signature of Recommending Authority

Date

**APPROVED:**

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

5/16/2024

Date