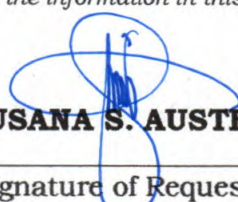
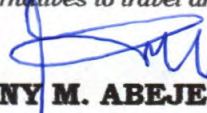
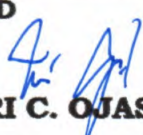




Republic of the Philippines
Department of Education
Schools Division of Negros Oriental

No.: 4889**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

Name	SUSANA S. AUSTERO	
Position/ Designation	SP II	
Permanent Station	ZAMBOANGUITA 2	
Purpose of Travel (must be supported by attachments)	TO ATTEND "INTERNATIONAL AND NATIONAL TRAINING PROGRAMS FOR TEACHING AND NON-TEACHING PERSONNEL"	
Host of Activity	PHILIPPINE CONTINUING PROFESSIONAL DEVELOPMENT TRAINING CENTER	
Inclusive Dates	JUNE 9 -11, 2023	
Destination	BAGUIO CITY	
Fund Source	PERSONAL FUND	
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>		
 SUSANA S. AUSTERO		Date
Name and Signature of Requesting Employee		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>		
 JEANNY M. ABEJERO, EdD		Date
Name and Signature of Recommending Authority		Date
APPROVED		
 NERI C. OJASTRO EdD, CESE		Date
Name and Signature of Approving Authority		Date

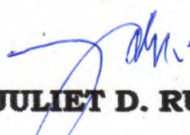
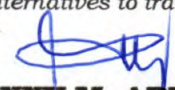

5/25/23



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



TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

Name	JULIET D. RUBIO	
Position/ Designation	SP-I	
Permanent Station	ZAMBOANGUITA 2	
Purpose of Travel (must be supported by attachments)	TO ATTEND "INTERNATIONAL AND NATIONAL TRAINING PROGRAMS FOR TEACHING AND NON-TEACHING PERSONNEL"	
Host of Activity	PHILIPPINE CONTINUING PROFESSIONAL DEVELOPMENT TRAINING CENTER	
Inclusive Dates	JUNE 9 - 11, 2023	
Destination	BAGUIO CITY	
Fund Source	PERSONAL FUND	
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>		
 JULIET D. RUBIO		_____
Name and Signature of Requesting Employee		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>		
 JEANNY M. ABEJERO, EdD		_____
Name and Signature of Recommending Authority		Date
APPROVED		
 NERI C. OJASTRO EdD, CESE		_____
Name and Signature of Approving Authority		Date 5/25/23