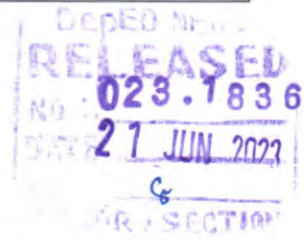




Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

No.: 573



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>Mary Ruth C. Gloria RN, Mark Anthony A. Pajuelas RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To conduct health assessment and psychosocial assessment to learners and render health services to school personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	June 20, 2023- San Francisco ES
<b>Destination</b>	Sta Catalina District I
<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.*

*for:*   
**Mary Ruth Gloria and Mark Anthony A. Pajuelas**  
Name and Signature of Requesting Employee

June 20, 2023  
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.*

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

\_\_\_\_\_  
Date

By the Authority of the Schools Division Superintendent

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

6/20/23  
Date



No.: 573

DEPT. OF EDUC.  
**RELEASED**  
 NO. 023-1836  
 DATE 27 JUN 2023  
 &  
 RECORDS SECTION

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

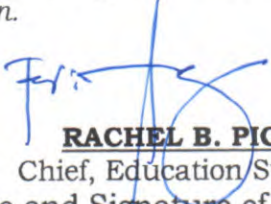
**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>FARRENN LEIGH Y. HABABAG</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To conduct health assessment and psychosocial assessment to learners and render health services to school personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	June 21, 2023 – Siaton NHS June 22, 2023 – Siaton NHS June 23, 2023 – Sumaliring HS
<b>Destination</b>	Siaton 1 and 2 Districts
<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.*

  
**FARRENN LEIGH Y. HABABAG** June 20, 2023  
 Name and Signature of Requesting Employee 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** AS  
 Chief, Education Supervisor SGOD \_\_\_\_\_  
 Name and Signature of Recommending Authority Date

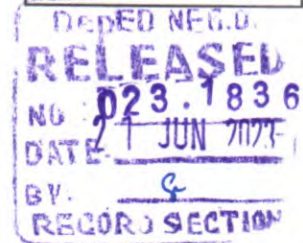
By the Authority of the Schools Division Superintendent

  
**LANI B. YURONG**  
 Administrative Officer V  
 Office-in-Charge \_\_\_\_\_  
 Date 6/20/23

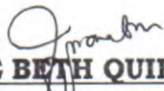




Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

No.: 573



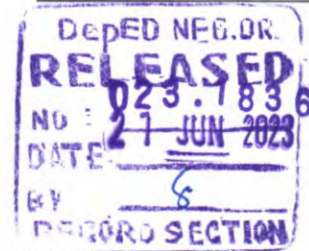
**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>DEANNE BETH QUIRIT-MANABAN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To conduct health assessment and psychosocial assessment to learners and render health services to school personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	June 20, 2023 – Siaton National HS June 21, 2023 – Felipe Tayko MES June 22, 2023 – Maloh CES June 23, 2023 – Sumaliring HS
<b>Destination</b>	Siaton 1, 2 and 3 Districts
<b>Fund Source</b>	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;"> <b>DEANNE BETH QUIRIT-MANABAN</b> Name and Signature of Requesting Employee</p>	
<p style="text-align: right;">06/19/2023 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 style="text-align: center;"> <b>RACHEL B. PICARDAL EDD</b> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority</p>	
<p style="text-align: right;">Date</p>	
<p>By the Authority of the Schools Division Superintendent</p>	
<p style="text-align: center;"> <b>LANI B. YURONG</b> Administrative Officer V Office-in-Charge</p>	
<p style="text-align: right;">6/20/23 Date</p>	



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

No.: 573

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>GWYNNE STACY T. MONCIDA</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To conduct health assessment and psychosocial assessment to learners and render health services to school personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	June 20, 2023 – Siaton National HS June 21, 2023 – Siaton National HS June 22, 2023 – Sumaliring HS
<b>Destination</b>	Siaton 1 and 2 Districts
<b>Fund Source</b>	Division MOOE
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>	
<p style="text-align: center;"><i>Gwynne</i> <b>GWYNNE STACY T. MONCIDA</b> Name and Signature of Requesting Employee</p> <p style="text-align: right;">06/19/2023 Date</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 style="text-align: center;"><i>Rachel B. Picardal</i> <b>RACHEL B. PICARDAL EdD</b> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority</p> <p style="text-align: right;">_____ Date</p>	
By the Authority of the Schools Division Superintendent	
<p style="text-align: center;"><i>Lani B. Yurong</i> <b>LANI B. YURONG</b> Administrative Officer V Office-in-Charge</p> <p style="text-align: right;">6/20/23 Date</p>	

ANNEX A



Control No. 573

Republic of the Philippines  
Department of Education

DepEd Negros Oriental  
**RELEASED**  
NO. 023.1836  
DATE 21 JUN 2023  
BY: [Signature]  
OFFICE: SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>JANET L. GADDI, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to teaching and non-teaching personnel. Conduct physical assessment to school children.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	June 29, 2023 – Maloh ES June 30, 2023 – Salag ES
<b>Venue/Destination</b>	Siaton 3 District
<b>Fund Source</b>	MOOE

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

[Signature]  
**JANET L. GADDI, RN MAN**  
 Name and Signature of Requesting Employee June 20, 2023  
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 Date

Approved:  
By the Authority of the Schools Division Superintendent

[Signature]  
**LANI B. YURONG**  
 Administrative Officer V  
 OFFICE IN-CHARGE  
 Name and Signature of Approving Authority 6/20/23  
Date



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

No.: 573

DepED Neg.O.  
**RELEASED**  
 NO: 023.1836  
 DATE 27 JUN 2023  
 BY: Gr  
 RECORD SECTION


**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>EMILDA K. CHIU RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To conduct health assessment and psychosocial assessment to learners and render health services to school personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	June 20, 2023 – Mayabon ES
<b>Destination</b>	Zamboanguita II District
<b>Fund Source</b>	Division MOOE

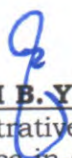
*I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.*

  
**EMILDA K. CHIU RN** June 20, 2023  
 Name and Signature of Requesting Employee 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 Date  
 Name and Signature of Recommending Authority

By the Authority of the Schools Division Superintendent

  
**LANI B. YURONG** 6/20/23  
 Administrative Officer V Date  
 Office-in-Charge

ANNEX A



Control No. 573

Republic of the Philippines  
Department of Education

DepED NEG. OR.  
**RELEASED**  
NO. 023-1886  
DATE 21 JUN 2023  
BY: 4  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>ELLEN R. MAYAGMA, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to teaching and non-teaching personnel. Conduct physical assessment to school children.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	June 22, 2023- San Miguel ES June 23, 2023- Calangag ES June 28, 2023- Isugan ES June 29, 2023- Buntod ES June 30, 2023- Timbanga ES
<b>Venue/Destination</b>	Bacong District
<b>Fund Source</b>	MOOE

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

*ELLEN R. MAYAGMA*  
**ELLEN R. MAYAGMA, RN**

June 20, 2023

Name and Signature of Requesting Employee

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*  
**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*  
**LANI B. YURONG**  
Administrative Officer V  
OFFICE IN-CHARGE

6/20/23

Date

Name and Signature of Approving Authority

ANNEX A



Control No. 573

Republic of the Philippines  
Department of Education

DepED NEG. OR  
**RELEASED**  
NO 023.1836  
DATE 21 JUN 2023  
BY: S  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>ESTER I. NUEZ, RN, RMT, MPH</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to teaching and non-teaching personnel. Conduct physical assessment to school children. Monitoring on Milk Feeding Program implementation
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	June 21, 2023 - Valencia CES June 22, 2023- Sra. Ascion ES June 23, 2023- San Jose CES June 28, 2023- Valencia CES June 29, 2023- Bongbong ES June 30, 2023- Palinpinon ES
<b>Venue/Destination</b>	Valencia District and San Jose District
<b>Fund Source</b>	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 June 20, 2023  
 Name and Signature of Requesting Employee 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.

Pr: RACHEL B. PICARDAL, EdD \_\_\_\_\_  
 Chief, Education Supervisor, SGOD Date

\_\_\_\_\_  
Name and Signature of Recommending Authority Date

Approved:  
By the Authority of the Schools Division Superintendent

LANI B. YURONG 6/20/23  
 Administrative Officer V Date  
 OFFICE-IN-CHARGE

\_\_\_\_\_  
Name and Signature of Approving Authority





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

DepEd N.E.G. OR  
**RELEASED**  
 NO: 023.1836  
 DATE: 21 JUN 2023  
 BY: G  
 RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MARK LESTER J. AMOLO, RN LPT</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Monitor OK sa DepEd health program. Render health services to teaching and non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	June 20, 2023 – Cabang ES
<b>Destination</b>	Jimalalud 1 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.*

**MARK LESTER J. AMOLO, RN LPT**

06/19/2023

Name and Signature of Requesting Employee

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

By the Authority of the Schools Division Superintendent

**LANI B. YURONG**  
 Admin. Officer ✓  
 Office In-Charge

6/20/23

\_\_\_\_\_ Date



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

No.: 573

RELEASED  
NO: 023-7836  
DATE: 27 JUN 2023  
BY: [Signature]  
REGORO SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>BRENT JOHN D. TRASMONTE, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Monitor OK sa DepEd health program.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	June 22, 2023 – San Jose CES June 23, 2023 – Amlan CES
<b>Destination</b>	San Jose District; Amlan 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.

**BRENT JOHN D. TRASMONTE, RN**

06/19/2023

Name and Signature of Requesting Employee

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 Schools Division Superintendent:

  
**LANI D. YURONG**  
Administrative Officer II  
- Office-in-charge

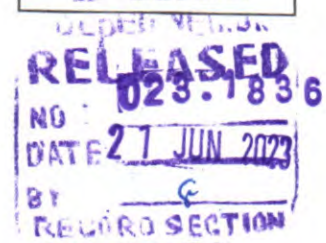
6/20/23

Date



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

No.: 573



### TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

<b>Name</b>	<b>JANET L. GADDI, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To conduct health lecture and monitoring of OK sa DepEd Health Programs, specifically Wash in school program
<b>Host of Activity</b>	SDO NegOr School Health Section
<b>Inclusive Dates</b>	June 19, 2023 – Abis CES June 21, 2023- Felipe Tayko MES June 22, 2023 – Mabinay CES June 23, 2023 – Lumbangan CES
<b>Destination</b>	Mabinay 4,3,2 Districts & Siaton 2 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.

**JANET L. GADDI, RMT, RN, RM, LPT, MAN**  
Name and Signature of Requesting Employee

June 19, 2023  
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 Schools Division Superintendent:

**LANI B. YUENGG**  
Administrative Officer II  
Officer-in-charge

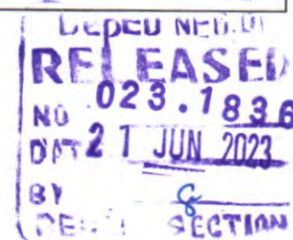
6/20/23

Date



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

No.: 573

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

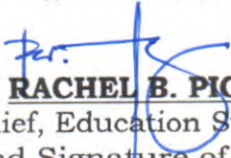
<b>Name</b>	<b>ROSALIE A. ENARDECIDO, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Conduct lecture on Adolescent Reproductive Health, monitoring of OK sa DepEd health programs
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	June 19, 2023 - Sampiniton HS June 20 2023 - Bagtic, Locay ES June 21-22, 2023 - Ayungon NHS
<b>Destination</b>	Manjuyod I and Ayungon I Districts
<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.

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


06/19/2023  
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

By the Authority of the Schools Division Superintendent

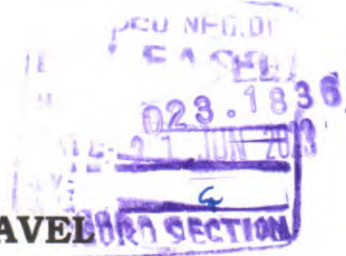
  
**LANI B. YURONG**  
Admin. Officer V  
OFFICE IN-CHARGE

6/20/23

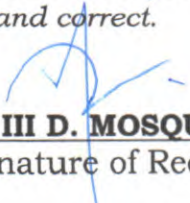
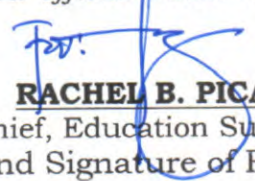

\_\_\_\_\_  
Date



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

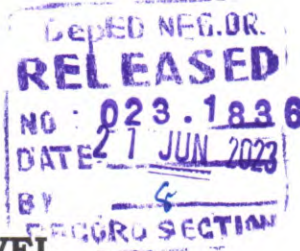


**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>ANNALEE R. CELIS, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Monitor OK sa DepEd health program; Monitor milk delivery and provide health education.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	June 20, 2023 - DCCT ES June 21, 2023 - Mabinay CES June 22, 2-23 - Mabinay Science HS June 23, 2023 - Sibulan CES
<b>Destination</b>	Sibulan I, Mabinay I, Mabinay III Districts
<b>Fund Source</b>	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;">   <b>FELIX III D. MOSQUEDA, RN</b>  Name and Signature of Requesting Employee </p> <p style="text-align: right;"> <u>06/19/2023</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 style="text-align: center;">   <b>RACHEL B. PICARDAL EdD</b>  Chief, Education Supervisor SGOD  Name and Signature of Recommending Authority </p> <p style="text-align: right;"> _____  Date </p>	
<p>By the Authority of the Schools Division Superintendent</p> <p style="text-align: center;">   <b>LANI B. YURONG</b>  Admin. Officer V  OFFICE IN-CHARGE </p> <p style="text-align: right;"> <u>6/20/23</u>  Date </p>	



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

No.: 573**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>ARECIA B. PASQUIL</b>
<b>Position/ Designation</b>	Dentist II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To render dental cares services to learners, teaching and non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	June 29 and 30, 2023 – Buenavista ES
<b>Destination</b>	Ayungon II 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.*

  
**ARECIA B. PASQUIL**

06/19/2023

Name and Signature of Requesting Employee

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

By the Authority of the Schools Division Superintendent

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

6/20/23

Date

