

ANNEX A



Control No. V82

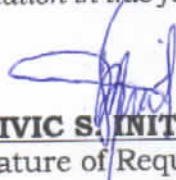
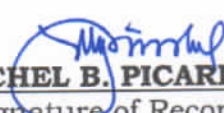
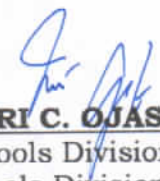
Republic of the Philippines  
Department of Education

DepED NEG. OR  
**RELEASED**  
NO.: 023-1860  
DATE: 23 JUN 2023  
BY: \_\_\_\_\_  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>MARIVIC S. INIT, DMD</b>
<b>Position/Designation</b>	Dentist II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Dental services.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	June 26, 2023
<b>Venue/Destination</b>	Tayasan 1 and 2, La Libertad 1 and 2, Canlaon Division,
<b>Fund Source</b>	MOOE
<i>I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.</i>	
 <b>MARIVIC S. INIT, DMD</b> Name and Signature of Requesting Employee	
<u>June 16, 2023</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>	
 <b>RACHEL B. PICARDAL, EdD</b> Name and Signature of Recommending Authority	
<u>JUN 22 2023</u> Date	
Approved:	
 <b>NERI C. OJASTRO EdD, CESE</b> Schools Division Superintendent Schools Division of Negros Oriental	
<u>6/22/23</u> Date	
Name and Signature of Approving Authority	

ANNEX A



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**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



**REGION:** VII- Central Visayas

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

<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>	To monitor OK sa DepEd programs; render health services to teaching, non-teaching personnel and learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	June 23, 2023 - Mayabon ES
<b>Venue/Destination</b>	Zamboanguita District 2
<b>Fund Source</b>	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;"> <b>BRENT JOHN D. TRASMONTE</b> Name and Signature of Requesting Employee</p>	
<p style="text-align: right;">June 22, 2023 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;"> <b>RACHEL B. PICARDAL EdD</b> Chief Education Supervisor, SG0D Name and Signature of Recommending Authority</p>	
<p style="text-align: right;">JUN 22 2023 Date</p>	
By Authority of the Schools Division Superintendent:	
<p style="text-align: center;"> <b>MARCELO K. PALISPIS, EdD, JD</b> OIC - Office of the Assistant Schools Division Superintendent Name and Signature of Approving Authority</p>	
<p style="text-align: right;">6/22/23 Date</p>	





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**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas  
**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental



<b>Name</b>	<b>Emilda Chiu, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Conduct focused group discussion and monitor the suspected milk incident as part of the SBFP Technical Working Group at Tayasan District 1
<b>Host of Activity</b>	Schools Division of Negros Oriental School Health Section
<b>Period Covered</b> (Inclusive of Travel Time)	June 22, 2023
<b>Venue/Destination</b>	Ilaya-Tayasan ES (Tayasan 1)
<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 CHIU, RN**

Name and Signature of Requesting Employee

**June 21, 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.*

**RACHEL B. PICARDAL, EdD**

Chief Education Supervisor, SGOD

Name and Signature of Recommending Authority

**JUN 22 2023**

Date

**APPROVED**

By the Authority of the Schools Division Superintendent:

**MARCELO K. PALISPIS, EdD, JDh**

OIC- Office of the Assistant Schools Division Superintendent  
Name and Signature of Approving Authority

**6/22/23**

Date



**Address:** Kagawasan Avenue, Capitol Area, Daro, Dumaguete City  
**Telephone Nos:** (035)225-2838 / 225-2376 / 422-7644  
**Email Address:** negros.oriental@deped.gov.ph

ANNEX A



Control No. 382

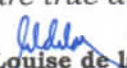


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**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>Karina Louise de la Cruz, MD, Felix Mosqueda, RN and Elizabeth Quirit, RN</b>
<b>Position/Designation</b>	Medical Officer III / Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services and to conduct health teaching about conjunctivitis
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	June 23, 2023 – Sibulan CES
<b>Venue/Destination</b>	Sibulan District I
<b>Fund Source</b>	MOOE
<i>I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.</i>	
 <b>Karina Louise de la Cruz, Felix III Mosqueda, Elizabeth Quirit</b> Name and Signature of Requesting Employee	<u>June 22, 2023</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>	
 <b>RACHEL B. PICARDAL EdD</b> Chief Education Supervisor, SGOD Name and Signature of Recommending Authority	<u>JUN 22, 2023</u> Date
<b>APPROVED:</b> By Authority of the Schools Division Superintendent:	
 <b>MARCELO K. PALISPIS, EdD, JD</b> OIC - Office of the Assistant Schools Division Superintendent Office-in-charge Name and Signature of Approving Authority	_____ Date