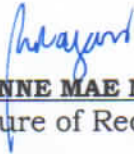





Republic of the Philippines
Department of Education
Schools Division of Negros Oriental



TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

Name	MARIANNE MAE M. RAGAS, RN	
Position/ Designation	Nurse II	
Permanent Station	Division Office	
Purpose of Travel (must be supported by attachments)	Render Health Services to Teaching & Non- Teaching Personnel, Monitoring of OK sa Deped Health Programs	
Host of Activity	Division Office	
Inclusive Dates	June 29-30- Malingay ES	
Destination	Mabinay District 3	
Fund Source	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;">  MARIANNE MAE M. RAGAS, RN Name and Signature of Requesting Employee </p> <p style="text-align: right;"> June 27, 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;">  RACHEL B. PICARDAL EdD Chief, Education Supervisor SGOD Name and Signature of Recommending Authority </p> <p style="text-align: right;"> _____ Date </p>		
<p>Approved:</p> <p style="text-align: center;">  NERI C. OJASTRO, EdD, CESE Schools Division Superintendent Schools Division of Negros Oriental </p> <p style="text-align: right;"> 6/27/23 Date </p>		