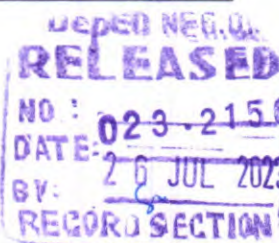
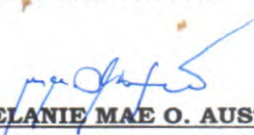
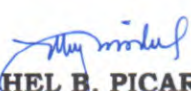





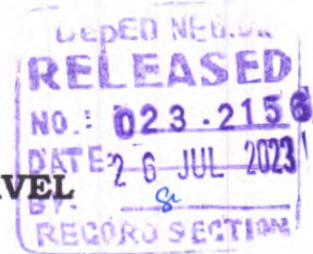
Republic of the Philippines
Department of Education
Schools Division of Negros Oriental

No.: 68**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

Name	MELANIE MAE O. AUSTERO
Position/ Designation	Nurse II
Permanent Station	Division Office
Purpose of Travel (must be supported by attachments)	To give technical assistance to SBFP coordinators. Follow- up SBFP report.
Host of Activity	Division Office
Inclusive Dates	July 26, 2023 – Manjuyod SPED July 28, 2023 – Bindoy CES
Destination	Manjuyod II and Bindoy I Districts
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;">  MELANIE MAE O. AUSTERO, RN Name and Signature of Requesting Employee </p> <p style="text-align: right;"> July 24, 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;"> <u>7/24/2023</u> Date </p>	
<p>By Authority of the Schools Division Superintendent:</p> <p style="text-align: center;">  LANI B. YURONG OIC – Office of the Assistant Schools Division Superintendent Office-In-Charge </p> <p style="text-align: right;"> <u>7/24/23</u> Date </p>	



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



TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

Name	SUZETTE S. ONDE	
Position/ Designation	Nurse II	
Permanent Station	Division Office	
Purpose of Travel (must be supported by attachments)	To give technical assistance to SBFP coordinators. Follow- up SBFP report.	
Host of Activity	Division Office	
Inclusive Dates	July 26, 2023 – Tinaogan ES July 28, 2023 – Bindoy CES	
Destination	Bindoy I and II Districts	
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><i>[Signature]</i> SUZETTE S. ONDE, RN Name and Signature of Requesting Employee</p>		<p><u>July 24, 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><i>[Signature]</i> RACHEL B. PICARDAL EdD Chief, Education Supervisor SGOD Name and Signature of Recommending Authority</p>		<p><u>7/24/2023</u> Date</p>
<p>By Authority of the Schools Division Superintendent:</p>		
<p><i>[Signature]</i> LANI B. YURONG OIC – Office of the Assistant Schools Division Superintendent Office-in-Charge</p>		<p><u>7/24/23</u> Date</p>