

**ANNEX A**

Tracking No. 69158529125541

**CONTROL NO:**

762

Republic of the Philippines  
Department of Education

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

<b>Name</b>	<b>KARINA LOUISE B. DE LA CRUZ</b> , Medical Officer III
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to teaching and non-teaching personnel
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	September 6, 2023
<b>Venue/Destination</b>	Mabinay CES (Mabinay 3)
<b>Fund Source</b>	MOOE

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

*Karina Louise B. De La Cruz*  
**KARINA LOUISE B. DE LA CRUZ**

**September 5, 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

*9/5/23*

Name and Signature of Recommending Authority

Date

**APPROVED**

By the Authority of the Schools Division Superintendent:

*Nilita L. Ragay*  
**NILITA L. RAGAY, EdD**

OIC – Office of the Assistant Schools Division Superintendent

*Office - In - Charge*

*9/5/23*

Name and Signature of Approving Authority

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





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



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>GUEIA N. SAMSON, 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 render healthcare services to teaching and non-teaching personnel. Physical examination of school children.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	September 6, 2023 – Pio Macahig Memorial School September 7, 2023 – Felipe Tayko Memorial School
<b>Destination</b>	Siaton District 2 and 4
<b>Fund Source</b>	MOOE

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

**GUEIA N. SAMSON, RN**  
Name and Signature of Requesting Employee

September 5, 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

9/5/23  
Date

By the authority of the Schools Division Superintendent:

**NILITA L. RAGAY, EdD**  
OIC, Office of the Assistant Schools Division Superintendent  
Name and Signature of Approving Authority  
OFFICE - IN-CHARGE

9/5/23  
Date



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**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

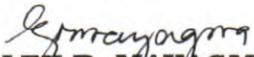


**REGION:** VII- Central Visayas

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


<b>Name</b>	<b>ELLEN R. MAYAGMA</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to teaching and non-teaching personnel and conduct examination to Kinder learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	September 6, 2023 – Isugan ES September 7, 2023 – Nazario Tale ES > September 8, 2023 – Bacong CES September 11, 2023 – San Miguel ES
<b>Venue/Destination</b>	Bacong District
<b>Fund Source</b>	Division MOOE

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

  
**ELLEN R. MAYAGMA, RN.**  
Name and Signature of Requesting Employee


Sept. 5, 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

9/5/23  
Date

Approved  
By the Authority of the Schools Division Superintendent:

  
**NILITA L. RAGAY, EdD**  
OIC- Office of the Assistant Schools Division Superintendent  
OFFICE - IN-CHARGE

9/5/23  
Date



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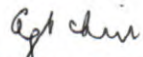


**REGION:** VII- Central Visayas

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


<b>Name</b>	<b>EMILDA K. CHIU</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to teaching and non-teaching personnel and conduct examination to Kinder learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	September 6, 2023 – Mayabon ES September 7, 2023 – Zamboanguita CES September 11, 2023 – Felix M. Tio ES
<b>Venue/Destination</b>	Zamboanguita 2 District
<b>Fund Source</b>	Division MOOE

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

  
**EMILDA K. CHIU, RN.**  
Name and Signature of Requesting Employee


Sept. 5, 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

9/5/23  
Date

Approved  
By the Authority of the Schools Division Superintendent:

  
**NILITA L. RAGAY, EdD**  
OIC- Office of the Assistant Schools Division Superintendent  
Name and Signature of Approving Authority

9/5/23  
Date

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**REGION:** VII- Central Visayas

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


<b>Name</b>	<b>ESTER I. NUEZ</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to teaching and non-teaching personnel and conduct examination to Kinder learners.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	September 7, 2023 – San Jose CES September 8, 2023 – Looc ES September 11, 2023 – Sra. Ascion ES
<b>Venue/Destination</b>	San Jose District Sibulan District 2
<b>Fund Source</b>	Division 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**  
Name and Signature of Requesting Employee


Sept. 5, 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

9/5/23  
Date

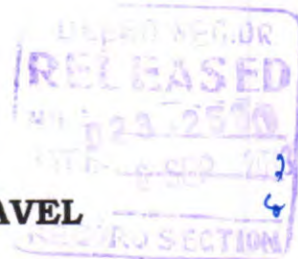
Approved  
By the Authority of the Schools Division Superintendent:

  
**NILITA L. RAGAY, EdD**  
OIC- Office of the Assistant Schools Division Superintendent  
OFFICE - IN-CHARGE

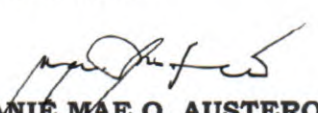


9/5/23  
Date



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Schools Division of Negros Oriental



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>Melanie Mae O. Austero</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Render health services and monitor OKD program.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	Sept 6 – Manjuyod CES Sept 11 – DLANHS, Malaga Ext
<b>Destination</b>	Manjuoyd 2 and Bindoy 1 Districts
<b>Fund Source</b>	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>MELANIE MAE O. AUSTERO</b>            Name and Signature of Requesting Employee         </p> <p style="text-align: right;"> <b>Sept 5, 2023</b>            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;">           9/5/23            Date         </p>	
<p>By the authority of the Schools Division Superintendent:</p> <p style="text-align: center;">   <b>NILITA L. RAGAY, EdD</b>            OIC, Office of the Assistant Schools Division Superintendent            Name and Signature of Approving Authority            OFFICE - IN-CHARGE         </p> <p style="text-align: right;">           9/5/23            Date         </p>	





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**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>Suzette S. Onde</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Render health services and monitor OKD program.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	Sept 6 – Manjuyod CES Sept 11 – Pangalaycayan ES Sept 12 – Concepcion ES Sept 13 – Campuyo ES
<b>Destination</b>	Manjuoyd 2 and Bindoy 1 Districts
<b>Fund Source</b>	MOOE

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

*Suzette S. Onde*  
**SUZETTE S. ONDE**  
Name and Signature of Requesting Employee

**Sept 5, 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*  
**RACHEL B. PICARDAL, EdD**  
Chief, Education Supervisor SGOD  
Name and Signature of Recommending Authority

9/5/23  
Date

By the authority of the Schools Division Superintendent:

*Nilita L. Ragay*  
**NILITA L. RAGAY, EdD**  
OIC, Office of the Assistant Schools Division Superintendent  
Name and Signature of Approving Authority  
**OFFICE-IN-CHARGE**

9/5/23  
Date