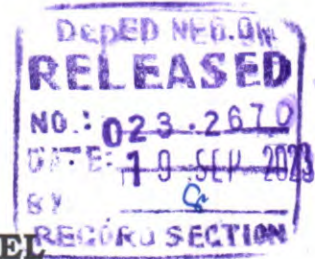




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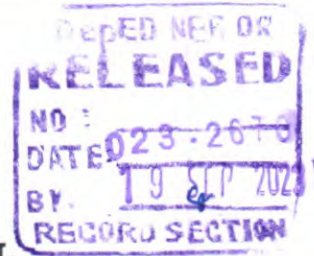
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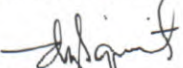
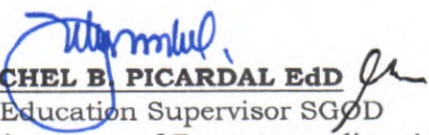
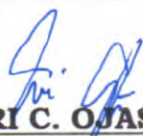
**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>BRENT JOHN 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)	To render health services to teaching and non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	September 15, 2023 SAN JOSE CES
<b>Destination</b>	San Jose District
<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><u><i>[Signature]</i></u> <b>BRENT JOHN TRASMONTE, RN</b> Name and Signature of Requesting Employee</p> <p>September 15, 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><u><i>[Signature]</i></u> <b>RACHEL B. PICARDAL EdD</b> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority</p> <p>SEP 15 2023 Date</p>	
<p>Approved</p> <p><u><i>[Signature]</i></u> <b>NERI C. OJASTRO, EdD, CESE</b> Schools Division Superintendent Name and Signature of Approving Authority</p> <p>9/15/23 Date</p>	

No.: 784

Republic of the Philippines  
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**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

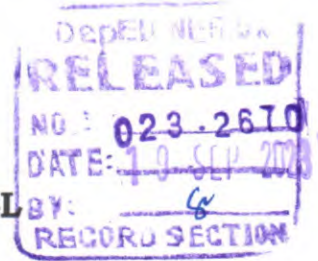
<b>Name</b>	<b>ELIZABETH S. QUIRIT, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To render health services to teaching and non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	September 19- 20, 2023 Balugo ES September 21, 2023 Sibulan Central School September 25-26, 2023 San Antonio ES September 27-28, 2023 Bolocboloc ES
<b>Destination</b>	Sibulan 1 and 2 District
<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> <b>ELIZABETH S. QUIRIT, RN</b> Name and Signature of Requesting Employee</p> <p><u>September 15, 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> <b>RACHEL B. PICARDAL EdD</b> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority</p> <p><u>SEP 15 2023</u> Date</p>	
<p>Approved</p> <p> <b>NERI C. OJASTRO, EdD, CESE</b> Schools Division Superintendent Name and Signature of Approving Authority</p> <p><u>9/15/23</u> Date</p>	





No.: 754

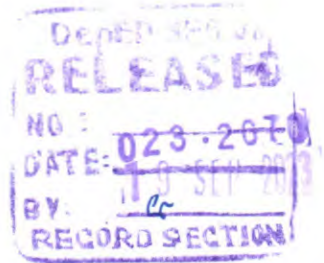
Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>ROSALIE 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)	To render health services to teaching and non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	September 19, 2023 Ayungon II District Office September 20-21, 2023 Tibyawan ES
<b>Destination</b>	Ayungon 2 District
<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><u><i>Rosalie Enardecido</i></u> <b>ROSALIE ENARDECIDO, RN</b> Name and Signature of Requesting Employee</p> <p>September 15, 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><u><i>Rachel B. Picardal</i></u> <b>RACHEL B. PICARDAL EdD</b> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority</p> <p>SEP 15 2023 Date</p>	
<p>Approved</p> <p><u><i>Neri C. Ojastro</i></u> <b>NERI C. OJASTRO, EdD, CESE</b> Schools Division Superintendent Name and Signature of Approving Authority</p> <p>9/15/23 Date</p>	



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**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

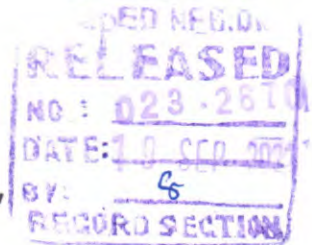
<b>Name</b>	<b>MARY RUTH C. GLORIA, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To render health services to teaching and non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	September 19- 20, 2023 Pio Macahig Memorial ES September 21, 2023 Aurelia Mercialdo MHS
<b>Destination</b>	Siaton District 4
<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><b>MARY RUTH C. GLORIA, RN</b> <span style="float: right;">September 15, 2023</span>  Name and Signature of Requesting Employee <span style="float: right;">Date</span></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><b>RACHEL B. PICARDAL EdD</b> <span style="float: right;">SEP 15 2023</span>  Chief, Education Supervisor SGOD <span style="float: right;">Date</span>  Name and Signature of Recommending Authority</p>	
<p>Approved</p> <p><b>NERI C. OJASTRO, EdD, CESE</b> <span style="float: right;">9/15/23</span>  Schools Division Superintendent <span style="float: right;">Date</span>  Name and Signature of Approving Authority</p>	







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Department of Education  
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**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>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 render health services to teaching and non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	September 19- 20, 2023 Pio Macahig Memorial ES September 21, 2023 Aurelia Mercialdo MHS
<b>Destination</b>	Siaton District 4
<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 ANTHONY A. PAJUELAS, RN**

Name and Signature of Requesting Employee

September 15, 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

SEP 15 2023

Date

Approved

**NERI C. OJASTRO, EdD, CESE**

Schools Division Superintendent

Name and Signature of Approving Authority

9/15/23

Date