

ANNEX A



Control No. 787

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO.: 023-2692  
DATE: 20 SEP 2023  
SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>Deanne Manaban, RN</b>
<b>Position/Designation</b>	Nurse II
<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 19, 2023- Napigkit HS September 20, 2023- Don Emilio HS
<b>Venue/Destination</b>	Sta. Catalina District 1
<b>Fund Source</b>	MOOE

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

Deanne O. Manaban, RN September 19, 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, EdD \_\_\_\_\_  
Name and Signature of Recommending Authority Date

By the Authority of the Schools Division Superintendent:

LANI B. YURONG 9/19/23  
Administrative Officer V Date  
Office-In-Charge

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BY: [Signature]  
RECORD SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>ELLEN R. MAYAGMA, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to teaching and non-teaching personnel. Monitor Ok sa Deped Programs
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	September 20, 2023- Calangag Elem. School September 21, 2023- Bacong Central School September 22, 2023- Sacsac Elem. School September 25, 2023- Bacong Central School
<b>Venue/Destination</b>	Bacong District
<b>Fund Source</b>	MOOE

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

[Signature]  
**ELLEN R. MAYAGMA, RN** September 19, 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.

[Signature]  
**RACHEL B. PICARDAL, EdD** \_\_\_\_\_  
Name and Signature of Recommending Authority Date

By the Authority of the Schools Division Superintendent:

[Signature]  
**LANI B. YURONG** 9/19/23  
Administrative Officer V Date  
**Office-In-Charge**

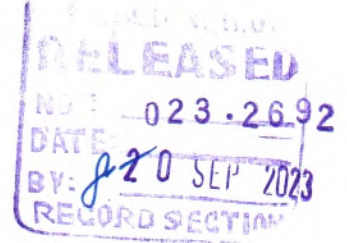
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**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>EMILDA K. CHIU, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to teaching and non-teaching personnel. Monitor Ok sa Deped Programs
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	September 20, 2023- Basak Elem. School September 21, 2023- Maluay Elem. School
<b>Venue/Destination</b>	Zamboanguita District I
<b>Fund Source</b>	MOOE

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

EMILDA K. CHIU, RN September 19, 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, EdD \_\_\_\_\_  
Name and Signature of Recommending Authority Date

By the Authority of the Schools Division Superintendent:

LANI B. YURONG 9/19/23  
Administrative Officer V Date  
**Office-In-Charge**

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BY: J. O. SEP 2023  
RECORD SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>SUZETTE ONDE, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to teaching and non-teaching personnel and conduct physical assessment to students.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	September 20, 2023- Balaas Elem. School September 21, 2023- Mambaid Elem. School
<b>Venue/Destination</b>	Jimalalud District 2
<b>Fund Source</b>	MOOE

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

**SUZETTE S. ONDE, RN**

Name and Signature of Requesting Employee

September 19, 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**

Name and Signature of Recommending Authority

Date

By the Authority of the Schools Division Superintendent:

**LANI B. YURONG**  
Administrative Officer V  
**Office-In-Charge**

9/19/23

Date

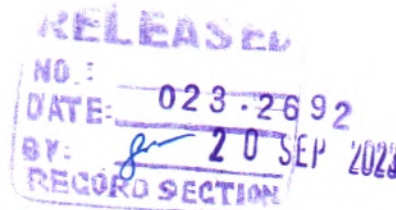
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**REGION:** VII- Central Visayas

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

<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>	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 19-21, 2023 - Sibulan CES
<b>Venue/Destination</b>	Sibulan I District
<b>Fund Source</b>	MOOE

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

  
**Elizabeth S. Quirit , RN** September 19, 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.

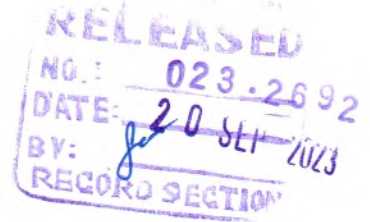
  
**RACHEL B. PICARDAL, EdD** \_\_\_\_\_  
Name and Signature of Recommending Authority Date

Approved by:  
By the Authority of the Schools Division Superintendent :  
**LANI B. YURONG** 9/19/23  
Administrative Officer V Date  
**Office In-Charge**



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**




<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> (must be supported by attachments)	Render health services to teaching and non-teaching personnel and monitor OK sa Deped Programs
<b>Host of Activity</b>	DepEd Negros Oriental
<b>Inclusive Dates</b>	September 20, 2023 – San Jose CES September 21, 2023 - Magatas ES September 22, 2023 – Libertad Ong Calderon MES September 25, 2023 – Magsaysay CES
<b>Destination</b>	San Jose Dist. Sibulan 1 &2 District
<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.*

  
**ESTER I. NUEZ, RN,RMT,MPH**  
 Name and Signature of Requesting Employee

Sept. 19, 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

\_\_\_\_\_  
 Date

By the authority of the Schools Division Superintendent:

  
**LANI B. YURONG**  
 Administrative Officer V  
 Office-In-Charge

9/19/23  
 Date



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

RELEASED  
 NO.:  
 DATE: 023-2692  
 BY: Jr  
 RECORD SECTION  
20 SEP 2023

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MELANIE MAE O. AUSTERO, 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 – Leave (CTO) Sept 21 – Concepcion ES Sept 22 – Bindoy CES
<b>Destination</b>	Manjuyod 2 and Bindoy 1 Districts
<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.

  
**MELANIE MAE O. AUSTERO, RN**

September 19, 2023  
 Date

Name and Signature of Requesting Employee

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.

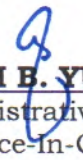
  
**RACHEL B. PICARDAL EdD**

Chief, Education Supervisor SGOD

Name and Signature of Recommending Authority

\_\_\_\_\_  
 Date

By the Authority of the Schools Division Superintendent

  
**LANI B. YURONG**  
 Administrative officer V  
 Office-in-Charge

9/19/23  
 Date

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Department of Education

RELEASE  
NO.: 023-2692  
DATE: 20 SEP 2023  
BY: [Signature]  
RECORD SECTION

**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>	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 20, 2023- San Jose Provincial HS September 21, 2023- Canete ES
<b>Venue/Destination</b>	San Jose District; Amlan District
<b>Fund Source</b>	MOOE

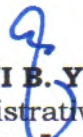
*I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.*

  
**Brent John D. Trasmonte, RN** September 19, 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, EdD** \_\_\_\_\_  
Name and Signature of Recommending Authority Date

By the Authority of the Schools Division Superintendent:

  
**LANI B. YURONG** 9/19/23  
Administrative Officer V Date  
**Office-In-Charge**



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DepEd  
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NO.: 023-2692  
DATE: 20 SEP 2023  
BY: [Signature]  
RECORD SECTION

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>GWYNNE STACY MONCIDA, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to teaching and non-teaching personnel and conduct physical assessment to students.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	September 20, 2023- Sta. Catalina Dist. 1 September 21, 2023- Valencia NHS
<b>Venue/Destination</b>	Sta. Catalina District 1, Valencia Dist.
<b>Fund Source</b>	MOOE

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

[Signature]  
**Gwynne Stacy Moncida, RN** September 19, 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.

[Signature]  
**RACHEL B. PICARDAL, EdD** \_\_\_\_\_  
 Name and Signature of Recommending Authority Date

By the Authority of the Schools Division Superintendent:

[Signature] 9/19/24  
**LANI B. YURONG** Date  
 Administrative Officer V  
**Office-In-Charge**