

ANNEX A



Control No. 791

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

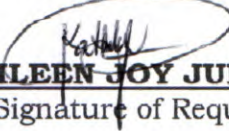
**REGION:** VII- Central Visayas

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



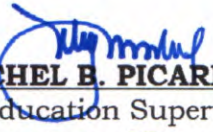
|  |   |
|--|---|
| <b>Name</b>                                      | <b>KATHLEEN JOY JUNTILLA, RN</b>  |
| <b>Position/Designation</b>                      | Nurse II  |
| <b>Permanent Station</b>                         | Division Office   |
| <b>Purpose of Travel</b>                         | Render health services to teaching and non-teaching personnel.<br>Monitoring of OK sa DepEd health programs.        |
| <b>Host of Activity</b>                          | Division Office   |
| <b>Period Covered (Inclusive of Travel Time)</b> | Sept. 19 , 2023- Casiano Napigkit HS<br>Sept. 21 , 2023- Don Emilio HS<br>Sept. 22 , 2023- Sta. Catalina District 1 |
| <b>Venue/Destination</b>                         | Santa Catalina 1  |
| <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.

  
**KATHLEEN JOY JUNTILLA, RN**  
Name and Signature of Requesting Employee

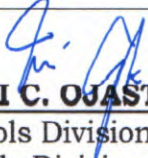
September 18, 2023  
Date

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

SEP 20 2023  
Date

Approved

  
**NERI C. OJASTRO EdD, CESE**  
Schools Division Superintendent  
Schools Division of Negros Oriental  
Name and Signature of Approving Authority

9/20/23  
Date

**ANNEX A**

Tracking No 691581823 15553



CONTROL NO:  
791

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

RELEASED  
NO. 1  
DATE: 023-27104  
8-27-2023  
SECTION

|  |  |
|--|--|
| <b>Name</b>  | <b>KARINA LOUISE B. DE LA CRUZ</b> , Medical Officer III<br><b>MARIANNE MAE MANABAN</b> , Nurse II |
| <b>Permanent Station</b>                                   | Division Office  |
| <b>Purpose of Travel</b>                                   | Render health services to teaching and non-teaching personnel at SDHCP Clinic                      |
| <b>Host of Activity</b>                                    | Division Office  |
| <b>Period Covered</b><br><i>(Inclusive of Travel Time)</i> | September 19, 2023   |
| <b>Venue/Destination</b>                                   | Sibulan CES – Sibulan 1 District   |
| <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 DE LA CRUZ**

**September 18, 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**  
Chief Education Supervisor, SGOD

**SEP 19 2023**

Name and Signature of Recommending Authority

Date

**APPROVED**

**NERI C. OJASTRO EdD, CESE**  
Schools Division Superintendent

**9/20/23**

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

ANNEX A

No.: 791



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO.: 023-2704  
DATE: 27 SEP 2023  
BY: [Signature]  
OFFICE SECTION

|  |   |
|--|---|
| <b>Name</b>  | Anna Lee Celis, RN  |
| <b>Position/ Designation</b>                                   | Nurse II  |
| <b>Permanent Station</b>                                       | Division Office   |
| <b>Purpose of Travel</b><br>(must be supported by attachments) | To render health services to teaching and non-teaching personnel and conduct focus discussion and monitoring for Adolescent Reproductive Health (ARH) |
| <b>Host of Activity</b>  | Division Office   |
| <b>Inclusive Dates</b>   | September 21, 2023 Mabinay NHS<br>September 22, 2023- San Jose PCHS   |
| <b>Destination</b>   | Santa Catalina District 1   |
| <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.

[Signature]  
**ANNA LEE CELIS, RN**

Name and Signature of Requesting Employee

September 18, 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.

[Signature]  
**RACHEL B. PICARDAL EdD**

Chief, Education Supervisor SGOD  
Name and Signature of Recommending Authority

SEP 20 2023

Date

Approved

[Signature]  
**NERI C. OJASTRO, EdD, CESE**  
Schools Division Superintendent

Name and Signature of Approving Authority

9/20/23

Date

ANNEX A

No.: 791



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



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

|  |   |
|--|---|
| <b>Name</b>  | <b>Marianne Mae M. Ragas AND Anna Lee Celis, RN</b>   |
| <b>Position/ Designation</b>                                   | Nurse II  |
| <b>Permanent Station</b>                                       | Division Office   |
| <b>Purpose of Travel</b><br>(must be supported by attachments) | To render health services to teaching and non-teaching personnel and conduct focus discussion and monitoring for Adolescent Reproductive Health (ARH) |
| <b>Host of Activity</b>  | Division Office   |
| <b>Inclusive Dates</b>   | September 19, 2023- Mabinay CES<br>September 20, 2023- San Jos CES<br>September 21, 2023- San Jose PCHS   |
| <b>Destination</b>   | Santa Catalina District 1   |
| <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.

  
**MARIANNE MAE M. RAGAS and ANNA LEE CELIS , RN**

September 18, 2023

Name and Signature of Requesting Employee

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 20 2023

Date

Approved

  
**NERIC C. OJASTRO, EdD, CESE**

Schools Division Superintendent

Name and Signature of Approving Authority

9/20/23

Date

Tracking No: 691159202382935

ANNEX A

No.: 791



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

RELEASED  
NO.: 023-2704  
DATE: 21 SEP 2023  
SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

|  |  |
|--|--|
| <b>Name</b>  | MARYDEL C. CADIENTE, RN                |
| <b>Position/ Designation</b>                                   | Nurse II                               |
| <b>Permanent Station</b>                                       | Division Office                        |
| <b>Purpose of Travel</b><br>(must be supported by attachments) | Conduct health assessment to students. |
| <b>Host of Activity</b>  | DepEd Negros Oriental                  |
| <b>Inclusive Dates</b>   | September 21, 2023- Antonio Alejado HS |
| <b>Destination</b>   | Pavin 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.

**MARYDEL C. CADIENTE, RN**

Name and Signature of Requesting Employee

Sept. 20, 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 20 2023

Date

**APPROVED**

**NERI C. OJASTRO EdD, CESE**

Schools Division Superintendent  
Schools Division of Negros Oriental

9/20/23

Date

Tracking No. 69158202382935

ANNEX A



Control No. 791

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

DEPED NEGROS ORIENTAL  
RELEASE  
NO.: 023-2704  
DATE: 27 SEP 2023  
BY: [Signature]

**REGION:** VII- Central Visayas

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

|  |   |
|--|---|
| <b>Name</b>                                      | <b>KATHLEEN JOY U. JUNTILLA, 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. Monitoring of OK sa DepEd health programs. |
| <b>Host of Activity</b>                          | Division Office   |
| <b>Period Covered (Inclusive of Travel Time)</b> | Sept. 21 , 2023- Sta. Catalina District 1<br>Sept. 22 , 2023- Valencia NHS                                |
| <b>Venue/Destination</b>                         | Santa Catalina 1 and Valencia 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.

KATHLEEN JOY U. JUNTILLA, RN  
Name and Signature of Requesting Employee

September 20, 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

SEP 20 2023  
Date

Approved

NERIC C. OJASTRO EdD, CESE  
Schools Division Superintendent  
Schools Division of Negros Oriental  
Name and Signature of Approving Authority

9/20/23  
Date

ANNEX A



Control No. 791

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>GUEIA N. SAMSON, 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 (Inclusive of Travel Time)</b> | September 20, 2023- Pio Macahig MES<br>September 21, 2023- Felipe Tayko Memorial School |
| <b>Venue/Destination</b>                         | <u>Siaton</u>   1 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.

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

Sept. 18, 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

SEP 19 2023  
Date

Approved by:

NERI C. OJASTRO EdD, CESE  
Schools Division Superintendent  
Schools Division of Negros Oriental

9/20/23  
Date

ANNEX A

No.: 791



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

RELEASE  
 NO.:  
 DATE: 2023-2704  
 827 SEP 2023

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

|  |   |
|--|---|
| <b>Name</b>  | <b>ALEXANDRIA RUPERTO, ESAN VAL CABRERA,<br/>MARIA LOVELYN MANANQUIL</b>                                      |
| <b>Position/ Designation</b>   | Nurse II  |
| <b>Permanent Station</b>   | Division Office   |
| <b>Purpose of Travel</b><br>(must be supported by attachments)   | To render health services to teaching and non-teaching personnel and conduct physical assessment to students. |
| <b>Host of Activity</b>  | Division Office   |
| <b>Inclusive Dates</b>   | September 19, 2023 Bala-as ES<br>September 20, 2023 Mambaid ES<br>September 22, 2023 Bae ES                   |
| <b>Destination</b>   | Jimalalud District 1 & 2  |
| <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>ESAN VAL T. CABRERA</u> <span style="float: right;"><u>September 18, 2023</u></span><br/>                 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><u>RACHEL B. PICARDAL EdD</u> <span style="float: right;"><u>SEP 20 2023</u></span><br/>                 Chief, Education Supervisor SGOD <span style="float: right;">Date</span><br/>                 Name and Signature of Recommending Authority</p> |   |
| <p>Approved</p> <p><u>NERI C. OJASTRO, EdD, CESE</u> <span style="float: right;"><u>9/20/23</u></span><br/>                 Schools Division Superintendent <span style="float: right;">Date</span><br/>                 Name and Signature of Approving Authority</p>   |   |



ANNEX A

No.: 791



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

RELEASED  
NO.:  
DATE: 023-2704  
BY: 27-SEP-2023

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

|  |   |
|--|---|
| <b>Name</b>  | <b>MELCHORA G. ASDILLO</b>  |
| <b>Position/ Designation</b>   | Dentist II  |
| <b>Permanent Station</b>   | Division Office   |
| <b>Purpose of Travel</b><br>(must be supported by attachments)   | Render dental health services   |
| <b>Host of Activity</b>  | DepEd Negros Oriental   |
| <b>Inclusive Dates</b>   | Sept. 19..... Calabnugan ES (Sibulan District 1)<br>Sept. 20-22...Balugo ES (Sibulan District 2)<br>Sept. 26-27..... Tubigon ES ( Sibulan District 1)<br>Sept. 28..... Sibulan Central School |
| <b>Destination</b>   | Schools of Sibulan District   |
| <b>Fund Source</b>   | Division MOOE   |
| <i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>   |   |
| <b>MELCHORA G. ASDILLO</b><br>Name and Signature of Requesting Employee  | <u>Sept. 18, 2023</u><br>Date   |
| <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> |   |
| <b>RACHEL B. PICARDAL, EdD</b><br>Chief, Education Supervisor, SGOD  | <u>SEP 19 2023</u><br>Date  |
| <b>APPROVED</b>  |   |
| <b>NERI C. OJASTRO EdD, CESE</b><br>Schools Division Superintendent<br>Schools Division of Negros Oriental   | <u>9/20/23</u><br>Date  |

ANNEX A

No.: 791



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

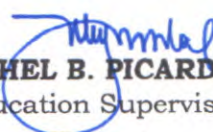
RELEASE  
NO. 023-2704  
27 SEP 2023  
SECTION

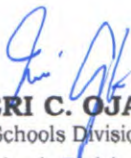
|  |   |
|--|---|
| <b>Name</b>  | <b>RUNI JOHN P. TERO</b>  |
| <b>Position/ Designation</b>                                   | Dental Aide   |
| <b>Permanent Station</b>                                       | Division Office   |
| <b>Purpose of Travel</b><br>(must be supported by attachments) | Render dental health services   |
| <b>Host of Activity</b>  | DepEd Negros Oriental   |
| <b>Inclusive Dates</b>   | Sept. 19..... Calabnugan ES (Sibulan District 1)<br>Sept. 20-22...Balugo ES (Sibulan District 2)<br>Sept. 26-27..... Tubigon ES ( Sibulan District 1)<br>Sept. 28..... Sibulan Central School |
| <b>Destination</b>   | Schools of Sibulan 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.

  
**RUNI JOHN P. TERO**  
Name and Signature of Requesting Employee  
Sept. 18, 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  
SEP 19 2023  
Name and Signature of Recommending Authority  
Date

**APPROVED**  
  
**NERI C. OJASTRO EdD, CESE**  
Schools Division Superintendent  
Schools Division of Negros Oriental  
9/20/23  
Date

ANNEX A



Control No. 791

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

RELEASED  
NO. 023-2704  
DATE 27 SEP 2023  
SECTION

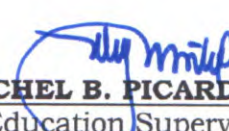
|  |  |
|--|--|
| <b>Name</b>                                      | <b>GWYNNE STACY MONCIDA, RN</b>  |
| <b>Position/Designation</b>                      | Nurse II   |
| <b>Permanent Station</b>                         | Division Office  |
| <b>Purpose of Travel</b>                         | Render health services to teaching and non-teaching personnel. Monitoring of OK sa DepEd health programs.        |
| <b>Host of Activity</b>                          | Division Office  |
| <b>Period Covered (Inclusive of Travel Time)</b> | Sept. 19, 2023- Casiano Napigkit HS<br>Sept. 20, 2023- Don Emilio HS<br>Sept. 21, 2023- Sta. Catalina District 1 |
| <b>Venue/Destination</b>                         | Santa Catalina 1   |
| <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.

  
**GWYNNE STACY MONCIDA, RN**  
Name and Signature of Requesting Employee

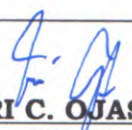
September 18, 2023  
Date

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

SEP 20 2023  
Date

Approved

  
**NERI C. OJASTRO EdD, CESE**  
Schools Division Superintendent  
Schools Division of Negros Oriental  
Name and Signature of Approving Authority

9/20/23  
Date



ANNEX A

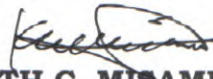
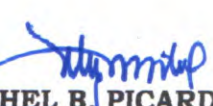
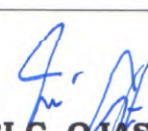


No.: 791

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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASE  
NO: 023-2704  
for 27-SEP 2023  
SEP 27 2023

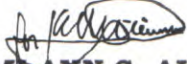
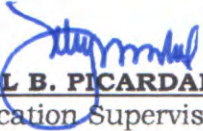

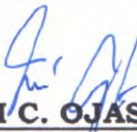
|  |   |
|--|---|
| <b>Name</b>  | <b>KENNITH C. MISAMIS, RN</b>   |
| <b>Position/ Designation</b>   | Nurse II  |
| <b>Permanent Station</b>   | Division Office   |
| <b>Purpose of Travel</b><br>(must be supported by attachments)   | To render health services to teaching and non-teaching personnel.   |
| <b>Host of Activity</b>  | Division Office   |
| <b>Inclusive Dates</b>   | September 18, 2023- Pangalaycayan ES<br>September 20, 2023- Cabugan ES<br>September 21, 2023- Concepcion ES<br>September 22, 2023- Bindoy CES |
| <b>Destination</b>   | Bindoy District 1 & 2, Manjuyod District 2  |
| <b>Fund Source</b>   | Division MOOE   |
| <i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>   |   |
| <br><b>KENNITH C. MISAMIS, RN</b><br>Name and Signature of Requesting Employee  |   |
| September 18, 2023<br>Date   |   |
| <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>       |   |
| <br><b>RACHEL B. PICARDAL EdD</b><br>Chief, Education Supervisor SGOD<br>Name and Signature of Recommending Authority             |   |
| SEP 18 2023<br>Date  |   |
| Approved<br><br><b>NERI C. OJASTRO, EdD, CESE</b><br>Schools Division Superintendent<br>Name and Signature of Approving Authority |   |
| 9/20/23<br>Date  |   |



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO.:  
DATE: 023-2704  
BY: for  
27-SEP 2023

|   |   |
|---|---|
| <b>Name</b>   | <b>CARMI ANN S. ALFORQUE, RN</b>  |
| <b>Position/ Designation</b>  | Nurse II  |
| <b>Permanent Station</b>  | Division Office   |
| <b>Purpose of Travel</b><br>(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<br>September 27, 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> <br/> <b>CARMI ANN S. ALFORQUE, RN</b><br/>           Name and Signature of Requesting Employee         </p> <p style="text-align: right;">           September 18, 2023<br/>           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> <br/> <b>RACHEL B. PICARDAL EdD</b><br/>           Chief, Education Supervisor SGOD<br/>           Name and Signature of Recommending Authority         </p> <p style="text-align: right;"> <br/>           Date         </p> |   |
| <p>Approved</p> <p> <br/> <b>NERI C. OJASTRO, EdD, CESE</b><br/>           Schools Division Superintendent<br/>           Name and Signature of Approving Authority         </p> <p style="text-align: right;">           9/20/23<br/>           Date         </p>   |   |

ANNEX A

No.: 791



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

RELEASE  
NO: 023.270  
DATE  
BY: [Signature] 27-SEP-2023

**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><br>(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 21, 2023 Sta. Catalina CES                              |
| <b>Destination</b>   | Sta. Catalina District 3  |
| <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.

[Signature]

**MARK ANTHONY A. PAJUELAS, RN**

September 21, 2023

Name and Signature of Requesting Employee

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.

[Signature]  
**RACHEL B. PICARDAL EdD**

Chief, Education Supervisor SGOD

Name and Signature of Recommending Authority

SEP 21 2023

Date

Approved

[Signature]  
**NERI C. OJASTRO, EdD, CESE**

Schools Division Superintendent

Name and Signature of Approving Authority

9/21/23

Date

ANNEX A



No.: 791

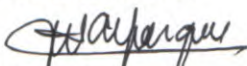
Republic of the Philippines  
Department of Education  
Schools Division Office of Negros Oriental

RELEASED  
NO. 023-270  
DATE 27-SEP-2023  
BY f

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**


|  |   |
|--|---|
| <b>Name</b>  | <b>CARMI ANN S. ALFORQUE, RN</b>                                  |
| <b>Position/ Designation</b>                                   | Nurse II  |
| <b>Permanent Station</b>                                       | Division Office   |
| <b>Purpose of Travel</b><br>(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 22, 2023 Sta. Catalina CES                              |
| <b>Destination</b>   | Sta. Catalina District 3  |
| <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.


  
**CARMI ANN S. ALFORQUE, RN**  
Name and Signature of Requesting Employee

September 21, 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 21 2023  
Date

Approved  
  
**NERI C. OJASTRO, EdD, CESE**  
Schools Division Superintendent  
Name and Signature of Approving Authority

9/21/23  
Date