



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, MD, RN</b> <b>CLINT ARTHUR A. TIU, MSN, RN</b> <b>MARIANNE MAE M. RAGAS, RN</b>
<b>Position/Designation</b>	Medical Officer III, Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Conduct health assessment of a concerned Student in BPTMNHS (Mabinay 1)
<b>Host of Activity</b>	Schools Division of Negros Oriental School Health Section
<b>Period Covered</b> (Inclusive of Travel Time)	Sept. 26, 2023 BPTMNHS
<b>Venue/Destination</b>	BPTMNHS
<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.

**CLINT ARTHUR AJERO TIU, MSN, RN**

**September 25, 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

9/25/2023

Name and Signature of Recommending Authority

Date

**APPROVED**

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

9/26/23

Name and Signature of Approving Authority

Date