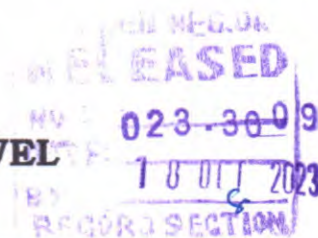




Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

**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)	To meet with the Principal and Teacher Adviser for the Vision Screening of selected Grade 6 students
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	October 19, 2023 – Libertad Ong Calderon MES
<b>Destination</b>	Sibulan 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**

**October 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

**OCT 18 2023**

Date

**APPROVED**

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

Schools Division Superintendent

Name and Signature of Approving Authority

**10/18/23**

Date