

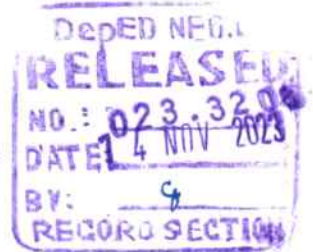
ANNEX A



Control No. 944

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>DEANNE BETH QUIRIT MANABAN, RN</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Render health services to school personnel and conduct assessment and treatment to learners at Balugo ES. Conduct lecture on deworming to learners, parents, and school vendors at Ramon Ponce De Leon ES
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	November 8, 2023 – Balugo ES, Valencia November 9, 2023 – Ramon Ponce De Leon ES + SIATON NHS
<b>Venue/Destination</b>	BALUGO ES, VALENCIA and RAMON PONCE DE LEON, SIATON DISTRICT I + SIATON DISTRICT II
<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.

  
**DEANNE BETH QUIRIT MANABAN**  
Name and Signature of Requesting Employee

November 6, 2023  
Date

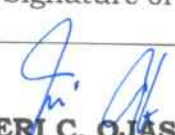
This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

  
**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

11/7/2023

Date

Approved:

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

11/7/2023

Date

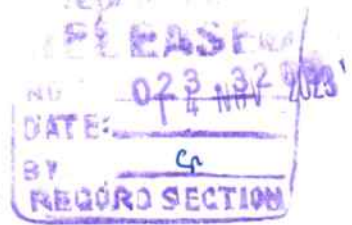
ANNEX A



Control No. 964

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>FARRENN LEIGH Y. HABABAG, RN</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To Conduct health lecture on HFMD and Personal Hygiene. Clinic duty at School health and dental clinic of Zamboanguita District 1
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	November 8, 2023
<b>Venue/Destination</b>	Zamboanguita CES, Zamboanguita District 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.

  
**FARRENN LEIGH Y. HABABAG**  
Name and Signature of Requesting Employee

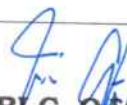
November 6, 2023  
Date

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. RICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

11/7/2023  
Date

Approved:

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

11/13/2023  
Date



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



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MARK ANTHONY A. PAJUELAS</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 and monitor OKD programs.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	Nov. 7, 2023- Dauin CES Nov. 8, 2023- Obat ES Nov. 9, 2023- Obat ES
<b>Destination</b>	Dauin District, Sta. Catalina 4 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.

**MARK ANTHONY A. PAJUELAS, RN**  
Name and Signature of Requesting Employee

**November 7, 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

**11/7/2023**  
Date

**APPROVED**

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

**11/17/2023**  
Date



Republic of the Philippines  
**Department of Education**  
REGION VII – CENTRAL VISAYAS  
SCHOOLS DIVISION OF NEGROS ORIENTAL

**ITINERARY OF TRAVEL**  
**For the month of NOVEMBER 2023**

**OBJECTIVES:**


1. To monitor COVID 19 Protocol compliance in District Offices and in schools.
2. To take blood pressure and blood sugar monitoring to teaching and non-teaching personnel in Division Office, District Office and in schools while maintaining the COVID 19 Protocol compliance.
3. To attend scheduled meeting in the Division Office and in schools.
4. To render health education to all teaching and non-teaching personnel in the Division Office, District Offices and in schools related to healthy living and COVID 19 safety protocols.
5. To evaluate District Offices and school visits as a whole.

**SCHEDULE OF ACTIVITIES:**


**Note: (This schedule is subject to change when deemed necessary.)**

1 – Holiday	16 – Sta. Catalina CES Clinic
2 – Holiday	17 – Division Office Clinic
3 – Work From Home	18 – Saturday
4 – Saturday	19 – Sunday
5 – Sunday	20 – Division Office Clinic
6 – Division Office Clinic	21 – Sta. Science High School
7 – Dauin Central School	22 – Nagbalaye High School
8 – Obat ES	23 – Cawitan ES
9 – Obat ES	24 – Division Office Clinic
10 – Division Office Clinic	25 – Saturday
11 – Saturday	26 – Sunday
12 – Sunday	27 – Holiday
13 – Division Office Clinic	28 – Caranoche CES
14 – Obat ES	29 – Caranoche CES
15 – Obat ES	30 – Sta. Catalina CES

**Submitted by:**

  
\_\_\_\_\_  
Nurse II


**Concurred:**

  
**DR. KARINA LOUISE DE LA CRUZ**  
Medical Officer III

**Recommending Approval:**

  
**RACHEL B. PICARDAL, Ed.D.**  
SGOD, Chief Education Supervisor

**APPROVED:**

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

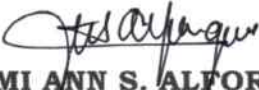
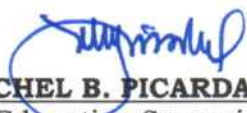

11/17/2023



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

No.: 964

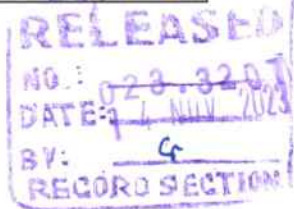
**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>CARMI ANN S. ALFORQUE</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, non-teaching personnel and monitor OK sa DepEd programs
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	November 8, 2023 –Obat ES
<b>Destination</b>	Sta. Catalina District IV
<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 style="text-align: center;">   <b>CARMI ANN S. ALFORQUE</b>  Name and Signature of Requesting Employee </p> <p style="text-align: right;"> November 7, 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 style="text-align: center;">   <b>RACHEL B. PICARDAL EdD</b>  Chief, Education Supervisor SGOD  Name and Signature of Recommending Authority </p> <p style="text-align: right;"> 11/7/2023  Date </p>	
<p>Approved</p> <p style="text-align: center;">   <b>NERI C. OJASTRO, EdD CESE</b>  Schools Division Superintendent  Name and Signature of Approving Authority </p> <p style="text-align: right;"> 11/13/2023  Date </p>	

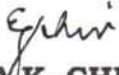




**Republic of the Philippines**  
**Department of Education**  
 Schools Division of Negros Oriental

No.: 964



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>EMILDA K. CHIU</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, non-teaching personnel and monitor OK sa DepeD programs	
<b>Host of Activity</b>	Division Office	
<b>Inclusive Dates</b>	November 9, 2023 – Malauay ES November 10, 2023 – Salngan ES	
<b>Destination</b>	Zamboanguita Dist. 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 style="text-align: center;">   <b>EMILDA K. CHIU</b>          Name and Signature of Requesting Employee       </p> <p style="text-align: right;"> <u>November 7, 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 style="text-align: center;">   <b>RACHEL B. PICARDAL EdD</b>          Chief, Education Supervisor SGOD          Name and Signature of Recommending Authority       </p> <p style="text-align: right;"> <u>11/7/2023</u>          Date       </p>		
<p>Approved</p> <p style="text-align: center;">   <b>NERI C. OJASTRO, EdD CESE</b>          Schools Division Superintendent          Name and Signature of Approving Authority       </p> <p style="text-align: right;"> <u>11/13/2023</u>          Date       </p>		



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



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MARY RUTH GLORIA</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, non-teaching personnel and monitor OK sa DepeD programs
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	November 8, 2023 –Balugo ES
<b>Destination</b>	Valencia 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.*

*for: [Signature]*

**MARY RUTH C. GLORIA**  
 Name and Signature of Requesting Employee

November 7, 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

11/7/2023

Date

Approved

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

Schools Division Superintendent  
 Name and Signature of Approving Authority

11/12/2023

Date



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



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MARIANNE MAE RAGAS</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, non-teaching personnel and monitor OK sa DepED programs
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	November 8, 2023 – Namangka ES November 9, 2023 – Mabinay CES
<b>Destination</b>	Mabinay 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.

for:

**Marianne Mae Ragas**

Name and Signature of Requesting Employee

November 7, 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

11/7/2023

Date

Approved

**NERI C. OJASTRO, EdD CESE**

Schools Division Superintendent

Name and Signature of Approving Authority

11/7/2023

Date





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

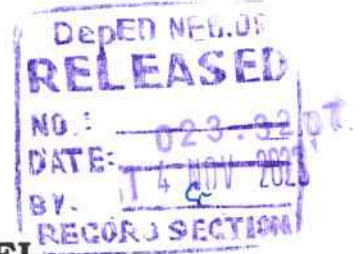
No.: 964

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MARIANNE MAE M RAGAS</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 school learners, teaching and non-teaching personnel; Conduct monitoring of OKD programs of school
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	November 8, 2023- Mabinay CES November 9, 2023- New Namangka ES November 10, 2023- Alagasihian ES
<b>Destination</b>	Mabinay District III
<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>	
<i>M. Ragas</i> <b>MARIANNE MAE M RAGAS , RN</b> Name and Signature of Requesting Employee	<b>November 6, 2023</b> 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>	
<i>Rachel B. Picardal</i> <b>RACHEL B. PICARDAL, EdD</b> Chief, Education Supervisor, SGOD Name and Signature of Recommending Authority	<i>11/7/2023</i> Date
<b>APPROVED</b>	
<i>Neri C. Ojastro</i> <b>NERI C. OJASTRO, EdD, CESE</b> Schools Division Superintendent Name and Signature of Approving Authority	<i>11/17/2023</i> Date



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</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 school learners, teaching and non-teaching personnel; Conduct monitoring of OKD programs of school
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	November 14, 2023- Old Namangka ES November 15, 2023- Mabinay CES November 16, 2023- Arebasore ES November 17, 2023- Bugnay ES November 21, 2023- Mabinay Science HS November 22, 2023- Mabinay CES November 23, 2023- Sibulan CES November 24, 2023- Barras Annex November 28, 2023- Mabinay CES November 29, 2023- Bugnay ES November 30, 2023- Bulibulihan ES
<b>Destination</b>	Mabinay District III
<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.

*M. Ragas*  
**MARIANNE MAE M RAGAS, RN**

**November 6, 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.

*R. Picardal*  
**RACHEL B. PICARDAL, EdD**

Chief, Education Supervisor, SGOD

Name and Signature of Recommending Authority

*11/7/2023*  
Date

**APPROVED**

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

Schools Division Superintendent

Name and Signature of Approving Authority


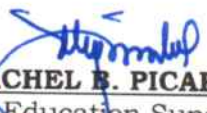


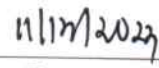
*11/13/2023*  
Date



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 &amp; ANNALEE CELIS</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, non-teaching personnel and revisit of learner for PFA	
<b>Host of Activity</b>	Division Office	
<b>Inclusive Dates</b>	November 8, 2023 – Mabinay NHS	
<b>Destination</b>	Mabinay District III	
<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 style="text-align: center;">   <b>MARIANNE MAE M. RAGAS</b>            Name and Signature of Requesting Employee         </p> <p style="text-align: right;">           November 8, 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 style="text-align: center;">   <b>RACHEL B. PICARDAL EdD</b>            Chief, Education Supervisor SGOD            Name and Signature of Recommending Authority         </p> <p style="text-align: right;">             Date         </p>		
<p>Approved</p> <p style="text-align: center;">   <b>NERI C. OJASTRO, EdD CESE</b>            Schools Division Superintendent            Name and Signature of Approving Authority         </p> <p style="text-align: right;">             Date         </p>		



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

No.: 964

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MELYDITH P. BALDADO, RN,LPT.</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 physical assessment among learners & health services to teaching, non-teaching personnel and monitor OK sa DepEd programs.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	November 16-17, 2023 – Pacuan NHS November 21 & 23, 2023 – Owacan NHS
<b>Destination</b>	LALIBERTAD 1&2 AND JIMALALUD 2
<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.

  
**MELYDITH P. BALDADO, RN, LPT.**

Name and Signature of Requesting Employee

November 8, 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

Approved

  
**NERI C. OJASTRO, EdD CESE**

Schools Division Superintendent  
Name and Signature of Approving Authority

  
Date

ANNEX A



Control No. 944

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>ANA MAE C. FESARIT, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct nursing health services to teaching/non-teaching personnel and school learners. Conduct health teaching on healthy lifestyle.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	November 16-17, 2023- Maaslum ES 21, 2023- Ayungon II CES (SHCP Clinic) 23-24, 2023- Gomentoc ES 29-30, 2023- Ayungon 1 District Office
<b>Venue</b>	Ayungon 1 and Manjuyod I Districts
<b>Fund Source</b>	MOOE

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

  
**ANA MAE C. FESARIT, RN**  
Name and Signature of Requesting Employee

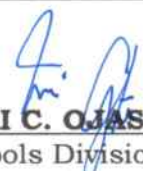
November 6, 2023  
Date

*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, Ed. D** W  
Chief, Education Supervisor  
Name and Signature of Recommending Authority

11/8/2023  
Date

Approved:

  
**NERI C. OJASTRO, Ed. D, CESE**  
Schools Division Superintendent  
Schools Division of Negros Oriental

11/17/2023  
Date

ANNEX A



Control No. 944

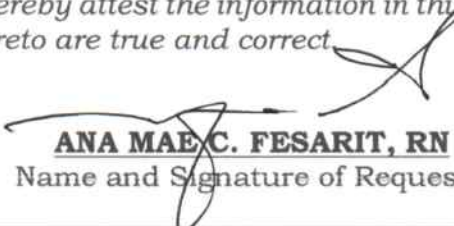
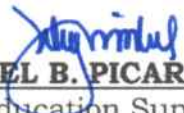
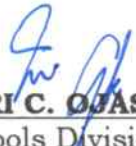


Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

<b>Name</b>	<b>ANA MAE C. FESARIT, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct nursing health services to teaching/non-teaching personnel and school learners. Conduct health teaching on healthy lifestyle.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	November 9, 2023- Manjuyod 1 Dist. Off. and San Jose ES 10, 2023- Jimalalud NHS 14, 2023- Ayungon II CES (SHGP Clinic) 16-17, 2023- Kayotesan ES Manjuyod 1
<b>Venue</b>	Ayungon 1 and Manjuyod I Districts
<b>Fund Source</b>	MOOE
<i>I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.</i>	
 <b>ANA MAE C. FESARIT, RN</b> Name and Signature of Requesting Employee	<u>November 6, 2023</u> Date
<i>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.</i>	
 <b>RACHEL B. PICARDAL, Ed. D</b> Chief, Education Supervisor Name and Signature of Recommending Authority	<u>11/8/2023</u> Date
<i>Approved:</i>	
 <b>NERI C. OJASTRO, Ed.D, CESE</b> Schools Division Superintendent Schools Division of Negros Oriental	<u>11/17/2023</u> Date



No.: 944

RECEIVED NEGROS ORIENTAL  
 RELEASED  
 DATE: 023.11.08  
 BY: [Signature]  
 NEGROS SECTION

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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>KATHLEEN JOY U. JUNTILLA</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, non-teaching personnel. Lecture on deworming, primary eye care, ARH, food safety and school canteen. Assessment of learners.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	November 9, 2023- Siaton NHS November 17, 2023- Candugay HS
<b>Destination</b>	Siaton 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.

KATHLEEN JOY U. JUNTILLA  
 Name and Signature of Requesting Employee

November 8, 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

11/8/2023  
 Date

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

11/17/2023  
 Date



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

DEPED NER.O  
**RELEASED**  
 NO: 028.2  
 DATE: 11/17/2023  
 BY: 4  
 RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MARYDEL CADIENTE</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, non-teaching personnel. Assessment of learners.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	November 17, 2023- Candugay HS
<b>Destination</b>	Siaton 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.*

  
**MARYDEL CADIENTE** November 8, 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** 11/8/2023  
 Chief, Education Supervisor SGOD Date  
 Name and Signature of Recommending Authority

Approved

  
**NERI C. OJASTRO, EdD CESE** 11/17/2023  
 Schools Division Superintendent Date  
 Name and Signature of Approving Authority


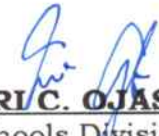




Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

No.: 964

**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)	Render health care services and SBFP implementation monitoring and provide technical assistance.	
<b>Host of Activity</b>	Division Office	
<b>Inclusive Dates</b>	November 08, 2023- Caranoche CES November 09, 2023- Cawitan ES	
<b>Destination</b>	Santa Catalina 4 and 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>		
<u>MARK ANTHONY A. PAJUELAS, RN</u> Name and Signature of Requesting Employee		<u>November 8, 2023</u> 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>		
 <u>RACHEL B. PICARDAL, EdD</u> Chief, Education Supervisor, SGOD Name and Signature of Recommending Authority		<u>11/8/2023</u> Date
<b>APPROVED</b>		
 <u>NERIC C. OJASTRO, EdD, CESE</u> Schools Division Superintendent Name and Signature of Approving Authority		<u>11/21/2023</u> Date



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



<b>Name</b>	<b>Gueia Narvas-Samson, RN</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 school learners, teaching and non-teaching personnel; conduct orientation to the parents of the SBFP beneficiaries
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	November 8, 2023- San Jose ES November 9, 2023 - Felipe Tayko Memorial School
<b>Destination</b>	Siaton District II
<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.

**GUEIA NARVAS-SAMSON, RN**  
Name and Signature of Requesting Employee

**November 7, 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

**11/7/2023**  
Date

**APPROVED**

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

**11/17/2023**  
Date

ANNEX A



Control No. 964

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>Gwynne Stacy T. Moncida</b>
<b>Position/Designation</b>	NURSE II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to teaching & non-teaching personnel. To conduct physical assessment to learners; To monitor the delivery of SBFP goods and its implementation; Lecture on SBFP, deworming, food safety and vision screening.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	November 8, 2023- Balugo NHS November 9, 2023- Siaton NHS, Ramon Ponce de Leon Memorial ES
<b>Venue/Destination</b>	Valencia District; Siaton 1 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.

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

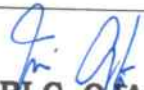
November 7, 2023  
Date

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

11/7/2023  
Date

Approved:

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

11/17/2023  
Date