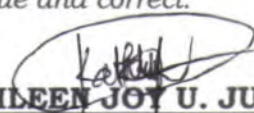
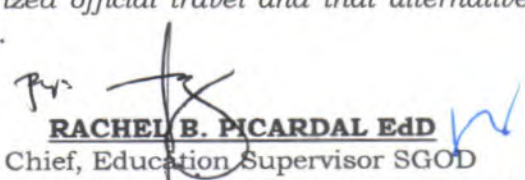
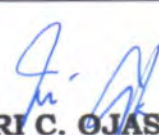




Republic of the Philippines
Department of Education
 Schools Division of Negros Oriental



TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

Name	KATHLEEN JOY U. JUNTILLA	
Position/ Designation	Nurse II	
Permanent Station	Division Office	
Purpose of Travel (must be supported by attachments)	Conduct physical assessment to learners of Siaton NHS	
Host of Activity	Division Office	
Inclusive Dates	November 23-24, 2023 – Siaton National High School	
Destination	Siaton II District	
Fund Source	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;">  KATHLEEN JOY U. JUNTILLA, RN Name and Signature of Requesting Employee </p> <p style="text-align: right;"> <u>November 15, 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;"> PR:  RACHEL B. PICARDAL EdD 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;">  NERI C. OJASTRO, EdD CESE Schools Division Superintendent Name and Signature of Approving Authority </p> <p style="text-align: right;"> <u>11/15/2023</u> Date </p>		



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

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

Name	GWYNNE STACY MONCIDA DEANNE BETH MANABAN	
Position/ Designation	Nurse II	
Permanent Station	Division Office	
Purpose of Travel (must be supported by attachments)	Conduct physical assessment to learners	
Host of Activity	Division Office	
Inclusive Dates	November 16, 2023 – Balugo ES	
Destination	Valencia District	
Fund Source	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;">  GWYNNE STACY MONCIDA DEANNE BETH MANABAN Name and Signature of Requesting Employee </p> <p style="text-align: right;"> <u>November 15, 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;">  RACHEL B. PICARDAL EdD 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;">  NERI C. OJASTRO, EdD CESE Schools Division Superintendent Name and Signature of Approving Authority </p> <p style="text-align: right;"> <u>11/15/2023</u> Date </p>		

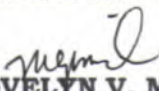


Republic of the Philippines
Department of Education
 Schools Division of Negros Oriental

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

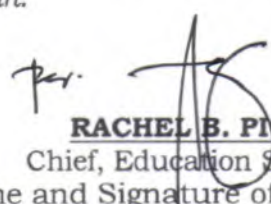
Name	Esan Val T. Cabrera, Maria Lovelyn V. Mananquil
Position/ Designation	Nurse II
Permanent Station	Division Office
Purpose of Travel (must be supported by attachments)	Monitor OK sa Dep Ed programs implementation, SBFP monitoring and conduct physical assessment
Host of Activity	Division Office
Inclusive Dates	November 14- Tayasan CES November 15- Matauta ES November 17- Bae ES
Destination	Tayasan 2 and Jimalalud 1 District
Fund Source	MOOE

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


MARIA LOVELYN V. MANANQUIL, RN
 Name and Signature of Requesting Employee

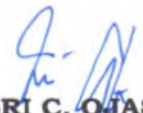
November 14, 2023
 Date

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:

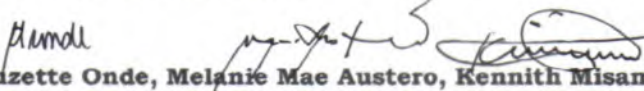

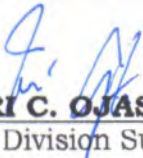

NERI C. OJASTRO EdD, CESE
 Schools Division Superintendent
 Schools Division of Negros Oriental

11/15/2023
 Date



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

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL

Name	SUZETTE ONDE, MELANIE MAE AUSTERO, KENNITH MISAMIS	
Position/ Designation	Nurse II	
Permanent Station	Division Office	
Purpose of Travel (must be supported by attachments)	Monitor SBFP delivery, Perform physical assessment, render health service	
Host of Activity	Division Office	
Inclusive Dates	November 15 - Linao ES November 17 - Bago ES	
Destination	Tayasan I District	
Fund Source	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>  Suzette Onde, Melanie Mae Austero, Kennith Misamis Name and Signature of Requesting Employee </p> <p style="text-align: right;"> <u>November 14, 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>  RACHEL B. PICARDAL EdD Chief, Education Supervisor SGOD </p> <p> Name and Signature of Recommending Authority </p> <p style="text-align: right;"> _____ Date </p>		
<p>Approved</p> <p>  NERI C. OJASTRO, EdD CESE Schools Division Superintendent </p> <p> Name and Signature of Approving Authority </p> <p style="text-align: right;"> <u>11/15/2023</u> Date </p>		