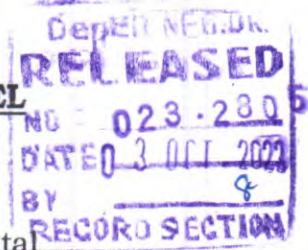




Republic of the Philippines
Department of Education

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**REGION:** VII- Central Visayas**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental

Name	RUBY JEAN ESTRELLITA M. BIDAURE
Position/Designation	AO IV - SUPPLY
Permanent Station	DepEd, Schools Division of Negros Oriental
Purpose of Travel	To pick up supplies and serve P.O
Host of Activity	Admin - Supply
Period Covered (Inclusive of Travel Time)	October 4, 2023
Venue/Destination	Cebu City, DepEd Region Office
Fund Source	Division/local MOOE funds

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


RUBY JEAN ESTRELLITA M. BIDAURE

Name and Signature of Requesting Employee

10/3/23

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


LANI B. YURONG

Name and Signature of Recommending Authority

Date

APPROVED


NERI C. OJASTRO EdD, CESE

Schools Division Superintendent

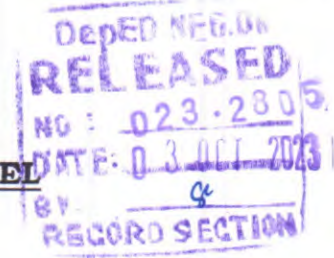
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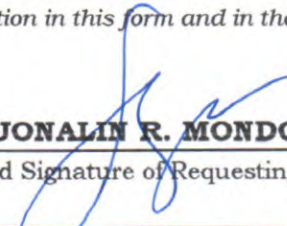
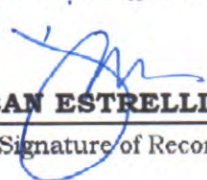



Republic of the Philippines
Department of Education

CONTROL NO.

4822

TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**REGION:** VII- Central Visayas**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental

Name	MA. JONALIN MONDOÑEDO, JEDILISO CATALAN,	
Position/Designation	ADA-I, ADA-I, ADA-I, ADA-I	
Permanent Station	DepEd, Schools Division of Negros Oriental	
Purpose of Travel	To pick up supplies and serve P.O	
Host of Activity	Admin - Supply	
Period Covered (Inclusive of Travel Time)	October 4, 2023	
Venue/Destination	Cebu City, DepEd Region Office	
Fund Source	Division/local MOOE funds	
I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.		
 MA. JONALIN R. MONDOÑEDO 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		
 RUBY JEAN ESTRELLITA M. BIDAURE Name and Signature of Recommending Authority		10/3/23 _____ Date
APPROVED		
 NERI C. OJASTRO EdD, CESE Schools Division Superintendent		_____ Date