



Republic of the Philippines  
**Department of Education**  
Region XII  
Schools Division Office of Tacurong City

June 9, 2025

DIVISION MEMORANDUM  
OSDS No. 070, s. 2025

**CHECKLIST OF DOCUMENTARY REQUIREMENTS FOR VARIOUS  
GOVERNMENT TRANSACTIONS**

To: Assistant Schools Division Superintendent  
Chiefs of CID and SGOD  
School Heads  
Section Heads  
All Others Concerned  
This Division

1. This is in reference to Commission on Audit **issued COA Circular No. 2012-001 dated June 14, 2012, entitled "Prescribing the Revised Guidelines and Documentary requirements for common government transactions."**
2. In line with this, SDO Accounting Section has established a **Checklist of Documentary Requirements** for various government transactions to promote uniformity and provide a clear guide to claimants on the necessary documents to prepare. This aims to avoid the return of incomplete submissions for compliance.
3. The checklist shall be attached to each transaction prior to submission to the Internal Control Unit (ICU).
4. Attached herewith is the **Checklist of Requirements** for various government transactions.
5. Wide dissemination and strict compliance of this Memorandum is highly enjoined.

  
**GILDO G. MOSQUEDA, CEO VI**  
Schools Division Superintendent

Enclosures: None.  
Reference:  
Allotment: none  
To be included in the perpetual Index under

REPORTS      RECORDS

JGS/OSDS/DM/ CHECKLIST OF DOCUMENTARY REQUIREMENTS FOR VARIOUS GOVERNMENT  
TRANSACTIONS/ June 9, 2025



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Website: [depedtacurong.org](http://depedtacurong.org)



**Republic of the Philippines**  
**Department of Education**  
 Region XII  
 Schools Division Office of Tacurong City

**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
*(Please arrange the requirements according to the order in the checklist)*

**FIRST SALARY - REGULAR**

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |

|              |  |
|--------------|--|
| PARTICULARS: |  |
|--------------|--|

| No. | Requirements  | No. of Copies |             | Remarks |
|-----|---|---------------|-------------|---------|
|     |   | Original      | Photocopies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |             |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |             |         |
| 3   | Certified true copy of duly approved Appointment  | 1             | 2           |         |
| 4   | Assignment order, if applicable   | 1             | 2           |         |
| 5   | Certified true copy of Oath of Office   | 1             | 2           |         |
| 6   | Certificate of Assumption Duty  | 1             | 2           |         |
| 7   | Statement of Assets, Liabilities and Net Worth  | 1             | 2           |         |
| 8   | Approved DTR  | 1             | 2           |         |
| 9   | Bureau of Internal Revenue (BIR) withholding certificates (Forms 1902)  | 1             | 2           |         |
| 10  | B.P Number  | 1             | 2           |         |
| 11  | HDMF Number   | 1             | 2           |         |
| 12  | PhilHealth Number   | 1             | 2           |         |
| 13  | Tax Identification Number   | 1             | 2           |         |
| 14  | Letter of Introduction/Certified  | 1             | 2           |         |



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|  |  |   |   |  |
|--|--|---|---|--|
|  | True Copy of ATM Salary Account Number   |   |   |  |
| <i>Additional Requirements for transferees (from one government office to another)</i> |  |   |   |  |
| 15   | Clearance from money, property, and legal accountabilities from the previous office  | 1 | 2 |  |
| 16   | Certified true copy of pre-audited disbursement voucher of last salary from previous agency with breakdown of last salary received and remittance of statutory deductions. | 1 | 2 |  |
| 17   | BIR Form 2316 (Certificate of Compensation Payment/ Tax Withheld)  | 1 | 2 |  |
| 18   | Certificate of Available Leave Credits   | 1 | 2 |  |
| 19   | Service Record   | 1 | 2 |  |
| 20   | Approved/paid Home Development Mutual Fund (HDMF) and PhilHealth Forms   | 1 | 2 |  |

|                                 |  |
|---------------------------------|--|
| <b>Payee's Bank Account No.</b> |  |
| <b>Servicing Bank:</b>          |  |

|   |  |
|---|--|
| <b>Other Documents:<br/>(as needed)</b> |  |
|   |  |
|   |  |
|   |  |

Checked by:

**BIBSY RUBY R. ARADANAS**  
Internal Control Unit personnel



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**SALARY – JOB ORDER**

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |

|              |  |
|--------------|--|
| PARTICULARS: |  |
|--------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Approved Contract for Contract of Service and Job Workers   | 1             | 2             |         |
| 4   | Approved DTR  | 1             | 2             |         |

|                           |  |
|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |

|                                 |  |
|---------------------------------|--|
| Other Documents:<br>(as needed) |  |
|                                 |  |
|                                 |  |
|                                 |  |

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Internal Control Unit personnel



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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>SALARY – CASUAL</b> |  |                       |  |
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |
| <b>PARTICULARS:</b>    |  |                       |  |

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed)   | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Duly Approved Accomplishment Report   | 1             | 2             |         |
| 4   | Approved Contract for Contract of Service and Job Workers   | 1             | 2             |         |
| 5   | Approved DTR  | 1             | 2             |         |
| 6   | For accredited agencies by the CSC (for first claim)<br><br>*Certified copy of the pertinent contract/appointment<br><br>*Copy of the Report of Personnel Action (ROPA) of the pertinent contract/appointment marked received by the CSC. | 1             | 2             |         |
| 7   | Certificate of Assumption of Duty for the first salary  | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

|  |  |
|--|--|
| <b>Other Documents:</b><br>(as needed) |  |
|--|--|

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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**SALARY DIFFERENTIALS DUE TO PROMOTION AND/OR STEP INCREMENT**

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |
| PARTICULARS:    |  |                |  |

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Due to promotion: <ul style="list-style-type: none"><li>Certified Copy of Approved Appointment</li><li>Certificate of Assumption</li></ul>        | 1             | 2             |         |
| 4   | Notice of Salary Adjustment (NOSA), <i>in case of salary increase.</i>  | 1             | 2             |         |
| 5   | Notice of Step Increment (NOSI), <i>in case of Step increment</i>   | 1             | 2             |         |
| 6   | Approved DTR or certification that the employee has not incurred leave without pay.   | 1             | 2             |         |

|                           |  |
|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |

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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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|                    |
|--------------------|
| <b>LAST SALARY</b> |
|--------------------|

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |

|              |  |
|--------------|--|
| PARTICULARS: |  |
|--------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Clearance from money, property, and legal accountabilities  | 1             | 2             |         |
| 4   | Approved DTR  | 1             | 2             |         |
| 5   | Certificate of Last Payment   | 1             | 2             |         |

|                           |  |
|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |

|                                 |  |
|---------------------------------|--|
| Other Documents:<br>(as needed) |  |
|---------------------------------|--|

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**SALARY DUE TO HEIRS OF DECEASED EMPLOYEE**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

**PARTICULARS:**

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Clearance from money, property, and legal accountabilities  | 1             | 2             |         |
| 4   | Approved DTR  | 1             | 2             |         |
| 5   | Certificate of Last Payment   | 1             | 2             |         |
| 6   | Death Certificate authenticated by the Philippine Statistics Authority  | 1             | 2             |         |
| 7   | Marriage Contract authenticated by PSA, if applicable   | 1             | 2             |         |
| 8   | Birth Certificates of surviving legal heirs authenticated by PSA  | 1             | 2             |         |
| 9   | Designation of next-of-kin  | 1             | 2             |         |
| 10  | Waiver of the rights of children 18 years old and above   | 1             | 2             |         |

Payee's Bank Account No.:

Servicing Bank:

Other Documents:  
(as needed)

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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**MATERNITY LEAVE**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

|                     |  |
|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements   | No. of Copies |               | Remarks |
|-----|--|---------------|---------------|---------|
|     |  | Original      | Photocopy/ies |         |
| 1   | <b>Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed)</b>   | 4             |               |         |
| 2   | <b>Disbursement Voucher (DV), Box A (duly signed)</b>  | 4             |               |         |
| 3   | Certified true copy of Approved Application for Leave  | 1             | 2             |         |
| 4   | Certified true copy of Maternity Leave clearance   | 1             | 2             |         |
| 5   | Medical certificate for maternity leave  | 1             | 2             |         |
| 6   | <i>Additional Requirements for Unused Maternity Leave (upon assumption before the expiration of the 105 days maternity leave)</i> <ul style="list-style-type: none"> <li>• Medical certificate that the employee is physically fit to work</li> <li>• Certificate of Assumption</li> <li>• Approved DTR</li> </ul> | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

|   |  |
|---|--|
| <b>Other Documents:</b><br><b>(as needed)</b> |  |
|---|--|

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 Internal Control Unit personnel



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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**

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**GENERAL CLAIMS - SALARY THROUGH THE AUTOMATED TELLER MACHINE (ATM)**

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |

**PARTICULARS:**

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Payroll   | 1             | 2             |         |
| 4   | Letter to the bank to credit employees' accounts of their salaries or other claims  | 1             | 2             |         |

|                           |  |
|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |

|                                 |  |
|---------------------------------|--|
| Other Documents:<br>(as needed) |  |
|                                 |  |
|                                 |  |

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Internal Control Unit personnel



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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**GENERAL CLAIMS – CLOTHING/UNIFORM ALLOWANCE**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

|                     |  |
|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements   | No. of Copies |               | Remarks |
|-----|--|---------------|---------------|---------|
|     |  | Original      | Photocopy/ies |         |
| 1   | <b>Obligation Request Slip (ORS)</b> for Regular Fund or <b>Budget Utilization Request and Status (BURS)</b> for Trust Fund/Provident Fund, <i>Box A (duly signed)</i> | 4             |               |         |
| 2   | <b>Disbursement Voucher (DV)</b> , <i>Box A (duly signed)</i>  | 4             |               |         |
| 3   | <b>Payroll</b>   | 1             | 2             |         |
| 4   | <b>Letter to the bank to credit employees' accounts of their salaries or other claims</b>  | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

|  |  |
|--|--|
| <b>Other Documents:</b><br>(as needed) |  |
|  |  |
|  |  |

Checked by:

**BIBSY RUBY R. ARADANAS**  
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**INDIVIDUAL CLAIMS – CLOTHING/UNIFORM ALLOWANCE**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

|                     |  |
|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

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| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Certificate true copy of approved appointment of new employees  | 1             | 2             |         |
| 4   | Certificate of Assumption of new employees  | 1             | 2             |         |
| 5   | Certificate of non-payment from previous government agency, for transferees   | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

|   |  |
|---|--|
| <b>Other Documents:<br/>(as needed)</b> |  |
|   |  |
|   |  |

Checked by:

**BIBSY RUBY R. ARADANAS**  
Internal Control Unit personnel



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**HONORARIA – GOVERNMENT PERSONNEL INVOLVED IN GOVERNMENT PROCUREMENT**

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |

|              |  |
|--------------|--|
| PARTICULARS: |  |
|--------------|--|

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| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Office Order Creating and Designating the BAC Compositions and authorizing the members to collect honoraria.                                      | 1             | 2             |         |
| 4   | Minutes of BAC Meeting  | 1             | 2             |         |
| 5   | Notices of Award to the winning bidders of procurement activity being claimed.  | 1             | 2             |         |
| 6   | Certification that the procurement involves competitive bidding.  | 1             | 2             |         |
| 7   | Attendance sheet listing the names of attendees to the BAC Meetings.  | 1             | 2             |         |

|                           |  |
|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |

|                                 |  |
|---------------------------------|--|
| Other Documents:<br>(as needed) |  |
|---------------------------------|--|

Checked by:

**BIBSY RUBY R. ARADANAS**  
Internal Control Unit personnel



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**Republic of the Philippines**  
**Department of Education**  
Region XII  
Schools Division Office of Tacurong City

**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**HONORARIA – LECTURER/COORDINATOR**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

|                     |  |
|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Approved PPAs   | 1             | 2             |         |
| 4   | Office Order  | 1             | 2             |         |
| 5   | Coordinator's Report on lecturer's schedule   | 1             | 2             |         |
| 6   | Course Syllabus/Program of Lectures   | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |
|                                  |  |

|   |  |
|---|--|
| <b>Other Documents:<br/>(as needed)</b> |  |
|   |  |
|   |  |

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Internal Control Unit personnel



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**Region XII**  
**Schools Division Office of Tacurong City**

**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**HAZARD DUTY PAY**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

|                     |  |
|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements   | No. of Copies |               | Remarks |
|-----|--|---------------|---------------|---------|
|     |  | Original      | Photocopy/ies |         |
| 1   | <b>Obligation Request Slip (ORS)</b> for Regular Fund or <b>Budget Utilization Request and Status (BURS)</b> for Trust Fund/Provident Fund, <i>Box A (duly signed)</i>   | 4             |               |         |
| 2   | <b>Disbursement Voucher (DV)</b> , <i>Box A (duly signed)</i>  | 4             |               |         |
| 3   | <b>Approved Payroll</b>  | 1             | 2             |         |
| 4   | <b>Certification</b> by the Secretary of the DOST/Department of Health, Department of National Defense/Director of the Philippine Institute of Volcanology and Seismology that the place of assignment/travel is a strife-torn/embattled/disease-infested/distress or isolated areas/stations, or areas declared under state of calamity or emergency, or with volcano activity or eruption. | 1             | 2             |         |
| 5   | <b>Approved DTR</b> of employee or travel report   | 1             | 2             |         |
| 6   | <b>Copy of Special Order</b> from the agency/department head covering the assignment to hazardous/difficult areas.   | 1             | 2             |         |
| 6   | Duly accomplished time record of employees or travel report  | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

|   |  |
|---|--|
| <b>Other Documents:</b><br><b>(as needed)</b> |  |
|---|--|

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**LOYALTY CASH/INCENTIVE**

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |

|              |  |
|--------------|--|
| PARTICULARS: |  |
|--------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Payroll   | 1             | 2             |         |
| 4   | Service Record  |               |               |         |
| 5   | Letter to the Bank to credit employees' accounts of their salaries and other claims   | 1             | 2             |         |

|                           |  |
|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |
|                           |  |

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|---------------------------------|--|
| Other Documents:<br>(as needed) |  |
|                                 |  |
|                                 |  |

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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**YEAR-END BONUS AND CASH GIFT – GENERAL CLAIMS**

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |

|              |  |
|--------------|--|
| PARTICULARS: |  |
|--------------|--|

| No. | Requirements   | No. of Copies |               | Remarks |
|-----|--|---------------|---------------|---------|
|     |  | Original      | Photocopy/ies |         |
| 1   | <b>Obligation Request Slip (ORS)</b> for Regular Fund or <b>Budget Utilization Request and Status (BURS)</b> for Trust Fund/Provident Fund, <i>Box A (duly signed)</i> | 4             |               |         |
| 2   | <b>Disbursement Voucher (DV)</b> , <i>Box A (duly signed)</i>  | 4             |               |         |
| 3   | Bonus and/or Cash Gift payroll   | 1             | 2             |         |
| 4   | Letter to the Bank to credit employees account of their YEB and Cash Gift claims   | 1             | 2             |         |

|                           |  |
|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |

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| Other Documents:<br>(as needed) |  |
|                                 |  |
|                                 |  |

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**MIDYEAR BONUS – GENERAL CLAIMS**

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |

|              |  |
|--------------|--|
| PARTICULARS: |  |
|--------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Bonus payroll   | 1             | 2             |         |
| 4   | Letter to the Bank to credit employees account of their MIDYEAR bonus claims  | 1             | 2             |         |

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| Payee's Bank Account No.: |  |
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| Other Documents:<br>(as needed) |  |
|                                 |  |
|                                 |  |

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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**TERMINAL LEAVE BENEFITS**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

**PARTICULARS:**

| No. | Requirements   | No. of Copies |               | Remarks |
|-----|--|---------------|---------------|---------|
|     |  | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed)  | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)   | 4             |               |         |
| 3   | Clearance from money, property, and legal accountability of last assignment  | 1             | 2             |         |
| 4   | Certified photocopy of employees leave card with computed leave credits as at last date of service as at last date of service by the Personnel Division/Unit/Office/Admin/Human and Certificate of Leave Credits issued by the Admin/Human Resource Management Office/Unit (HRO/U) | 1             | 2             |         |
| 5   | Approved leave Application   |               |               |         |
| 6   | Complete Service Record  |               |               |         |
| 7   | Statement of Assets, Liabilities and Net Worth (SALN)  |               |               |         |
| 8   | Certified photocopy of appointment/NOSA showing the highest salary received if the salary under the last appointment is not the highest.   |               |               |         |



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|    |  |  |  |  |
|----|--|--|--|--|
| 9  | Computation of Terminal Leave Benefits duly signed/certified by the accountant.  |  |  |  |
| 10 | Applicant's authorization (in affidavit form) to deduct all financial obligations with the employer/agency/LGU.  |  |  |  |
| 11 | Affidavit of applicant that there is no pending criminal investigation or prosecution against him/her (R.A 3019)   |  |  |  |
| 12 | In case of resignation, employee's letter of resignation duly accepted by the Head of the Agency.  |  |  |  |
| 13 | Additional Requirements in case of death: <ul style="list-style-type: none"> <li>• <i>Death Certificate issued by PSA.</i></li> <li>• <i>Marriage Certificate issued by PSA.</i></li> <li>• <i>Birth Certificates of all surviving legal heirs issued by PSA.</i></li> <li>• <i>Designation of next - of-kin</i></li> <li>• <i>Waiver of rights of children 18 years old and above, if applicable</i></li> </ul> |  |  |  |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |
|                                  |  |

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|---|--|
| <b>Other Documents:<br/>(as needed)</b> |  |
|   |  |
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**Region XII**  
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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**MONETIZATION OF LEAVE CREDITS**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

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|---------------------|--|
| <b>PARTICULARS:</b> |  |
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|-----|--|---------------|---------------|---------|
|     |  | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed)  | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)   | 4             |               |         |
| 3   | Approved leave application (ten days) with leave credit balance certified by the Human Resource Office   | 1             | 2             |         |
| 4   | Request for leave covering more than ten days duly approved by the Head of Agency  | 1             | 2             |         |
| 5   | For monetization of 50% or more:<br><br>*Clinical abstract/medical procedures to be undertaken in case of health, Medical and hospital needs<br><br>*Barangay Certification in case of need for financial assistance brought about by calamities, typhoons, fire, etc.<br><br>*Justification on financial needs for the education of employees or children | 1             | 2             |         |
| 6.  | Approved Payroll   | 1             | 2             |         |

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|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

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|--|--|
| <b>Other Documents:</b><br>(as needed) |  |
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**OVERTIME PAY**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

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|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or <b>Budget Utilization Request and Status (BURS)</b> for Trust Fund/Provident Fund, <i>Box A (duly signed)</i> | 4             |               |         |
| 2   | Disbursement Voucher (DV), <i>Box A (duly signed)</i>   | 4             |               |         |
| 3   | Overtime authority stating the necessity and urgency of the work to be done, names of personnel and the duration of overtime work                               | 1             | 2             |         |
| 4   | Overtime work program   | 1             | 2             |         |
| 5   | Quantified Overtime Accomplishment duly signed by the employee and supervisor.  | 1             | 2             |         |
| 6   | Certificate of service or duly approved DTR   | 1             | 2             |         |
| 7   | Approved Payroll  | 1             | 2             |         |

|                           |  |
|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |

|                                 |  |
|---------------------------------|--|
| Other Documents:<br>(as needed) |  |
|                                 |  |
|                                 |  |

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Internal Control Unit personnel



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**PROGRAM ON AWARDS AND INCENTIVES FOR SERVICE EXCELLENCE (PRAISE)**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

**PARTICULARS:**

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed)                 | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Proof of eligibility to receive the PRAISE award in accordance with CSC Memo Circular (MC) No. 01-2001 dated January 26, 2001, and any future amendments thereof. | 1             | 2             |         |
| 4.  | Resolution from Rewards & Recognition Committee   | 1             | 2             |         |
| 5   | Rewards & Recognition Guidelines  | 1             | 2             |         |
| 6   | Approved Payroll  | 1             | 2             |         |

**Payee's Bank Account No.:**

**Servicing Bank:**

**Other Documents:**  
(as needed)

Checked by:

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PRODUCTIVITY INCENTIVE BONUS (PIB) or PRODUCTIVITY ENHANCEMENT INCENTIVE (PEI)

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |

PARTICULARS:

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | PIB payroll   | 1             | 2             |         |
| 4.  | Letter to the Bank to credit employees' accounts of their salaries or other claims  | 1             | 2             |         |

|                           |  |
|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |
|                           |  |

|                                 |  |
|---------------------------------|--|
| Other Documents:<br>(as needed) |  |
|                                 |  |
|                                 |  |

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**PAYMENT OF GFIs & PLIs (LOANS) & SERVICE FEES (BTr)**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

**PARTICULARS:**

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|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Schedule of Payments   | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

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| <b>Other Documents:<br/>(as needed)</b> |  |
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Checked by:

**BIBSY RUBY R. ARADANAS**  
Internal Control Unit personnel



**Address:** Alunan Highway, Poblacion, Tacurong City 9800  
**Telephone Numbers:** (064)-200-6316; 0919-065-6425  
**Email:** [tacurong\\_city@deped.gov.ph](mailto:tacurong_city@deped.gov.ph)  
**Website:** [depedtacurong.org](http://depedtacurong.org)





**Republic of the Philippines**  
**Department of Education**  
Region XII  
Schools Division Office of Tacurong City

**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
(Please arrange the requirements according to the order in the checklist)

**PAYMENT OF MANDATORY REMITTANCE - HDMF**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

|                     |  |
|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or <b>Budget Utilization Request and Status (BURS)</b> for Trust Fund/Provident Fund, <i>Box A (duly signed)</i> | 4             |               |         |
| 2   | Disbursement Voucher (DV), <i>Box A (duly signed)</i>   | 4             |               |         |
| 3   | Signed Members Contribution Remittance List (HDMF), <i>general payment</i>  | 1             | 2             |         |
| 4   | Signed HDMF Form, <i>newly hired</i>  | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |
|                                  |  |

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|---|--|
| <b>Other Documents:<br/>(as needed)</b> |  |
|   |  |
|   |  |

Checked by:

**BIBSY RUBY R. ARADANAS**  
Internal Control Unit personnel



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Schools Division Office of Tacurong City

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**PAYMENT OF MANDATORY REMITTANCE - GSIS**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

**PARTICULARS:**

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Summary of Totals - Ebcs (GSIS)   | 1             | 4             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

|  |  |
|--|--|
| <b>Other Documents:</b><br>(as needed) |  |
|  |  |

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**PAYMENT OF MANDATORY REMITTANCE - PHIC**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

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|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | RF -1: Employers Remittance Report (PHIC)   | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

|   |  |
|---|--|
| <b>Other Documents:<br/>(as needed)</b> |  |
|   |  |
|   |  |

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Schools Division Office of Tacurong City

**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**SCHOOL MOOE REQUEST FOR DOWNLOADING – ADVANCES FOR OPERATING EXPENSES**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

|                     |  |
|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Approved Summary of Budget (SoB)  | 1             | 2             |         |
| 3   | Certification (from Accounting Office)  | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |
|                                  |  |

|  |  |
|--|--|
| <b>Other Documents:</b><br>(as needed) |  |
|  |  |
|  |  |

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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**

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**CASH ADVANCE FOR LOCAL TRAVEL – ADVANCES TO OFFICERS AND EMPLOYEES**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

|                     |  |
|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR)  | 1             | 2             |         |
| 4   | Approved Itinerary of Travel  | 1             | 2             |         |
| 5   | Approved Travel Order   | 1             | 2             |         |
| 6   | Itinerary Receipt (Plane)   |               |               |         |
| 7   | Memorandum/Letter of invitation of the host/sponsoring agency/organization  | 1             | 2             |         |
| 8   | Certification from the Accountant that the previous cash advance has been liquidated and accounted for in the books.                              | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |
|                                  |  |

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| <b>Other Documents:</b><br>(as needed) |  |
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**CASH ADVANCE FOR SBFP, SNED & GPP – ADVANCES FOR OPERATING EXPENSES**

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |

|              |  |
|--------------|--|
| PARTICULARS: |  |
|--------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Approved PPAs   | 1             | 2             |         |

|                           |  |
|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |

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| Other Documents:<br>(as needed) |  |
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|                                 |  |

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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**

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**CASH ADVANCE FOR SALARIES, WAGES, ALLOWANCES, HONORARIA & OTHER  
SIMILAR EXPENSES- ADVANCES FOR PAYROLL**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

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| <b>PARTICULARS:</b> |  |
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| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Approved PPAs, for Honoraria  | 1             | 2             |         |
| 5   | Approved DTR  | 1             | 2             |         |
| 6   | Approved POW, if infrastructure projects  | 1             | 2             |         |
| 7   | Approval/authority (presidential directive or legislative enactment) or legal basis to pay any allowance/salaries/wages/fringe benefits           | 1             | 2             |         |
| 8   | Approved payroll  | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

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| <b>Other Documents:<br/>(as needed)</b> |  |
|   |  |
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**REIMBURSEMENT OF TRAVEL**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

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| <b>PARTICULARS:</b> |  |
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| No. | Requirements   | No. of Copies |               | Remarks |
|-----|--|---------------|---------------|---------|
|     |  | Original      | Photocopy/ies |         |
| 1   | <b>Obligation Request Slip (ORS)</b> for Regular Fund or <b>Budget Utilization Request and Status (BURS)</b> for Trust Fund/Provident Fund, <i>Box A (duly signed)</i> | 4             |               |         |
| 2   | <b>Disbursement Voucher (DV)</b> , <i>Box A (duly signed)</i>  | 4             |               |         |
| 3   | <b>Signed Activity Request (AR)</b> , if applicable  | 1             | 2             |         |
| 4   | Itinerary of Travel, duly accomplished and signed  | 1             | 2             |         |
| 5   | Memorandum or Invitation, duly signed  | 1             | 2             |         |
| 6   | Authority to Travel, duly signed   | 1             | 2             |         |
| 7   | Certificate of Appearance  | 1             | 2             |         |
| 8   | Flight details/Itinerary (if with airfare)   | 1             | 2             |         |
| 9   | Boarding pass (if with airfare)  | 1             | 2             |         |
| 10  | Official Receipts (ORs)/Bus tickets/Toll Receipts and others   | 1             | 2             |         |
| 11  | Reimbursement Expense Receipts (RERs)- above 300 - 1,000 expenses without receipt, duly accomplished and signed  | 1             | 2             |         |
| 12  | Certificate of Expenses Not Requiring Receipts (300 & below expenses without   | 1             | 2             |         |



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|    |   |   |   |  |
|----|---|---|---|--|
|    | receipt), duly accomplished and signed                        |   |   |  |
| 13 | Certificate of Travel Completed, duly accomplished and signed | 1 | 2 |  |

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|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |
|                           |  |

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| Other Documents:<br>(as needed) |  |
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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**Utility Expenses (Electricity & Water)**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

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| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Statement of Account/Bill   | 1             | 2             |         |
| 5   | Invoice/Official Receipt or machine validated statement of account/bill (for reimbursement)   | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

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| <b>Other Documents:</b><br>(as needed) |  |
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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**Telephone Expenses- Landline**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

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|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

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|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Statement of Account/Bill   | 1             | 2             |         |
| 5   | Invoice/Official Receipt or machine validated statement of account/bill (for reimbursement)   | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

|  |  |
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| <b>Other Documents:</b><br>(as needed) |  |
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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**Telephone Expenses- Mobile**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

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| <b>PARTICULARS:</b> |  |
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|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed)   | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Statement of Account/Bill   | 1             | 2             |         |
| 5   | Invoice/Official Receipt or machine validated statement of account/bill (for reimbursement)   | 1             | 2             |         |
| 6   | Certification that indicates the actual number of days of work performance in a month and affirms that the communication expenses incurred were official in nature and necessary for the performance of duties and responsibilities | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

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| <b>Other Documents:</b><br>(as needed) |  |
|--|--|

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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**Cable, Satellite, Telegraph and Radio Expenses**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

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| <b>PARTICULARS:</b> |  |
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| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Statement of Account/Bill   | 1             | 2             |         |
| 5   | Invoice/Official Receipt or machine validated statement of account/bill (for reimbursement)   | 1             | 2             |         |

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| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

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| <b>Other Documents:</b><br>(as needed) |  |
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Checked by:

**BIBSY RUBY R. ARADANAS**  
Internal Control Unit personnel



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**Republic of the Philippines**  
**Department of Education**  
Region XII  
Schools Division Office of Tacurong City

**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
(Please arrange the requirements according to the order in the checklist)

**Postage and Courier Expenses**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**Internet Subscription Expenses**

|                        |  |                       |  |
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| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
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Region XII  
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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**Environment/ Sanitary Services**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

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| <b>Servicing Bank:</b>           |  |

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| <b>Other Documents:</b><br>(as needed) |  |
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**Region XII**  
**Schools Division Office of Tacurong City**

**CHECKLIST OF DOCUMENTARY REQUIREMENTS**

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**PROCUREMENT OF GOODS**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

**PARTICULARS:**

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| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Approved PPAs   | 1             | 2             |         |
| 5   | Approved Purchase Request (PR)  |               |               |         |
| 6   | Certified copy of the page of the approved Annual Procurement Plan (APP) or Supplemental APP where the Goods, Consulting Services and/or Infrastructure Projects subjects of payment are indicated. | 1             | 2             |         |
| 7   | Authority to purchase, in case of motor vehicles.   | 1             | 2             |         |
| 8   | Request for Quotations (RFQ) (Small Value Procurement is mode of procurement)   | 1             | 2             |         |
| 9   | Proof of posting of invitation or request for submission of price quotation in the PhilGEPS website.  | 1             | 2             |         |
| 10  | Price Quotations from at least three bona fide and reputable manufacturers/suppliers/distributors (Canvass) (Shopping is mode of procurement)   | 1             | 2             |         |
| 11  | Abstract of Canvass (Shopping is mode of procurement)   | 1             | 2             |         |
| 12  | Certified copy of the submitted Contract or Purchase Order stamped "Received" by COA of the documentary requirements required by COA  | 1             | 2             |         |



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|    |   |   |   |  |
|----|---|---|---|--|
|    | Circular No. 2009-001 dated February 12, 2009, and COA Memorandum No. 2005 – 027 dated February 28, 2005 (Annex A-T) and any future amendments thereof.   |   |   |  |
| 13 | Original copy of Dealers/Suppliers' Invoices showing the quantity, description of the articles, unit, and total value, duly signed by the dealer or his authorized representative.  | 1 | 2 |  |
| 14 | Delivery receipt duly received  | 1 | 2 |  |
| 15 | Property Acknowledgement Receipt (PAR), for equipment. (P50,000.00 and above)   | 1 | 2 |  |
| 16 | Inventory Custodian Slip (ICS), (below P50,000.00)  | 1 | 2 |  |
| 17 | Original copy of Dealers/Suppliers' Invoices showing the quantity, description of the articles, unit, and total value, duly signed by the dealer or his authorized representative.<br><br>Warranty Security for a minimum period of three months, in the case of expendable supplies or a minimum period of one year in the case of semi/non - expendable supplies, after acceptance by the procuring entity of the delivered supplies. | 1 | 2 |  |
| 18 | Inspection and Acceptance Report prepared by the Department/Agency property inspector and signed by the Head of the Agency or his duly authorized representative.   | 1 | 2 |  |
| 19 | Warranty Security for a minimum period of three months, in the case of expendable supplies or a minimum period of one year in the case of semi/non - expendable supplies, after acceptance by the procuring entity of the delivered supplies.   | 1 | 2 |  |
| 20 | Letter to the Auditor   | 1 | 2 |  |



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|    |  |   |   |  |
|----|--|---|---|--|
| 21 | Acknowledgement Receipt (for training kits, Polo Shirt and others)   | 1 | 2 |  |
| 22 | <b><i>For procurement of drugs and medicines:</i></b><br>* Certificate of product registration from Food and Drug Administration (FDA)<br><br>*Certificate of good manufacturing practices from FDA<br><br>*Batch release certificate from FDA<br><br>*If the supplier is not the manufacturer, certification from the manufacturer is an authorized distributor/dealer of the product/items<br>*License to Operate from FDA with List of Sources (whether it is a manufacturer, importer, seller, or distributor)<br>*Certification from the Medical Officer that medicines and drugs requisitioned is included in the PNDF Current Edition.<br>*Delivery Receipt/Invoice bearing Lot Nos. and Expiry Dates of the drugs and medicines. | 1 | 2 |  |

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| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |
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| Other Documents:<br>(as needed) |  |
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Checked by:

**BIBSY RUBY R. ARADANAS**  
Internal Control Unit personnel



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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**PROCUREMENT THROUGH PUBLIC BIDDING**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
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| 2   | <b>Disbursement Voucher (DV)</b> , <i>Box A (duly signed)</i>   | 4             |               |         |
| 3   | <b>Signed Activity Request (AR)</b> , if applicable   | 1             | 2             |         |
| 4   | <b>Approved PPAs</b>  | 1             | 2             |         |
| 5   | Approved Purchase Request (PR)  |               |               |         |
| 6   | Certified copy of the page of the approved Annual Procurement Plan (APP) or Supplemental APP where the Goods, Consulting Services and/or Infrastructure Projects subjects of payment are indicated.   | 1             | 2             |         |
| 7   | Approved contract supported by the following documents which are required under COA Circular No. 2009-01 dated February 28, 2005, to be submitted to the Auditor's Office within five days from the execution of the Contract: <ul style="list-style-type: none"> <li>• Invitation to apply for Eligibility to Bid</li> </ul>                               | 1             | 2             |         |
| 8   | Letter of Intent  | 1             | 2             |         |
| 9   | Results of Eligibility/Screenin   | 1             | 2             |         |
| 10  | Bidding documents enumerated under Section 17.1 of the Revised IRR of R.A No. 9184 which includes a complete set of approved plans/drawings and technical specifications for infrastructure projects, complete technical description of equipment, aircraft and accessories, scope of works, if applicable, for goods, and rental and repair contracts, and | 1             | 2             |         |



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|    |  |   |   |  |
|----|--|---|---|--|
|    | Terms of Reference (TOR) for consultancy services  |   |   |  |
| 11 | Minutes of Pre-Bid Conference, [Approved Budget for Contract (ABC) P1,000,000.00 and above   | 1 | 2 |  |
| 12 | Bidders Technical and Financial proposals  | 1 | 2 |  |
| 13 | Minutes of Bid Opening   | 1 | 2 |  |
| 14 | Abstract of Bids   | 1 | 2 |  |
| 15 | Post-qualification report of TWG   | 1 | 2 |  |
| 16 | BAC Resolution declaring winning bidder  | 1 | 2 |  |
| 17 | Notice of Post Qualification   | 1 | 2 |  |
| 18 | BAC Resolution recommending approval and approval by the Head of the Procuring Entity of the resolution of the BAC recommending award of contract  | 1 | 2 |  |
| 19 | Notice of Award  | 1 | 2 |  |
| 20 | Performance Security   | 1 | 2 |  |
| 21 | Program of Works and Detailed Estimate   |   |   |  |
| 22 | Notice to Proceed, indicating the date of receipt by the contractor  |   |   |  |
| 23 | Detailed breakdown of the ABC  |   |   |  |
| 24 | Copy of the Approved PERT/CPM Network diagrams and detailed computations of contract time  |   |   |  |
| 25 | Detailed Breakdown of the Contract Cost  |   |   |  |
| 26 | Copy of Advertisement of Invitation to Bid/Request for expression of interest. <ul style="list-style-type: none"> <li>Newspaper clippings of advertisement (ABC P5 Million and above for infrastructure, P2 Million and above for goods, and P1 Million- or four-months duration and above for consulting services)</li> <li>Printout copies of advertisement posted in PhilGEPS.</li> </ul> |   |   |  |



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|    | <ul style="list-style-type: none"><li>• Certification from the Head of BAC Secretariat on the posting of advertisement at conspicuous places</li><li>• Printout copies of advertisement posted in agency website, if any</li></ul> |  |  |  |
| 27 | Minutes of Pre- procurement Conference for projects costing above P5 Million for infrastructure, P2 Million and above for goods, and P1 Million and above for consulting services  |  |  |  |
| 28 | Bid Evaluation Report  |  |  |  |
| 29 | Ranking of short-listed bidders for consulting services  |  |  |  |
| 30 | Post Qualification Evaluation Report   |  |  |  |
| 31 | Printout copies of posting of Notice of Award, Notice to Proceed and Contract of Award in the PhilGeps   |  |  |  |
| 32 | Evidence of Invitation of three observers in all stages of the procurement process pursuant to Section 13.1 of the Revised IRR of RA No. 9184.   |  |  |  |

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| <b>Other Documents:</b><br><b>(as needed)</b> |  |
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**Advance Payment for Mobilization Cost (15%) - Infrastructure**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
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| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Irrevocable Standby Letter of Credit/Security Bond/Bank Guarantee   | 1             | 2             |         |
| 4   | Notice of Award   | 1             | 2             |         |
| 5   | Notice to Proceed   | 1             | 2             |         |

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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**Progress Payments - Infrastructure**

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| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

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| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Statement of Work Accomplished (SWA)  | 1             | 2             |         |
| 5   | Progress Billing Statement  | 1             | 2             |         |
| 6   | Inspection Report by the Agency's Authorized Engineer   | 1             | 2             |         |
| 7   | Contractor's Affidavit on payment of laborers and materials   | 1             | 2             |         |
| 8   | Pictures/Geotagged photos, before, during and after construction of items of work especially the embedded items.                                  | 1             | 2             |         |
| 9   | Certificate of Percentage of Completion   | 1             | 2             |         |

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**Final Payments - Infrastructure**

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|------------------------|--|-----------------------|--|
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| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed)   | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | As- Built Plans   |               |               |         |
| 5   | Final SWA   | 1             | 2             |         |
| 6   | Warranty Security   | 1             | 2             |         |
| 7   | Certificate of Completion   | 1             | 2             |         |
| 8   | Copy of turn-over documents/transfer of projects and facilities such as motor vehicles, laptops, and other equipment and furniture included in the contract to concerned government agency. | 1             | 2             |         |
| 9   | Final inspection report of the Agency's authorized Engineers and/or Inspectorate Team   | 1             | 2             |         |
| 10  | Statement of Time elapsed   | 1             | 2             |         |
| 11  | Pictures/Geotagged photos before, during and after construction of items of work especially the embedded items.   | 1             | 2             |         |

**Payee's Bank Account No.:**

**Servicing Bank:**

**Other Documents:  
(as needed)**

Checked by:

**BIBSY RUBY R. ARADANAS**  
Internal Control Unit personnel



**Address:** Alunan Highway, Poblacion, Tacurong City 9800  
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**Republic of the Philippines**  
**Department of Education**  
Region XII  
Schools Division Office of Tacurong City

**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
(Please arrange the requirements according to the order in the checklist)

**Release of Retention Money**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

|                     |  |
|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements   | No. of Copies |               | Remarks |
|-----|--|---------------|---------------|---------|
|     |  | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed)          | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)   | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable  | 1             | 2             |         |
| 4   | Warranty security in the form of cash, bank guarantee, irrevocable standby letter of credit from a commercial bank, GSIS or surety bond callable on demand | 1             | 2             |         |
| 5   | Certification from the end-user that the project is completed, inspected, and accepted.  | 1             | 2             |         |
| 6   | Final SWA  | 1             | 2             |         |
| 7   | Warranty Security  | 1             | 2             |         |
| 8   | Certificate of Completion  | 1             | 2             |         |
| 9   | Final inspection report of the Agency's authorized Engineers and/or Inspectorate Team  | 1             | 2             |         |
| 10  | Statement of Time elapsed  | 1             | 2             |         |
| 11  | Pictures/Geotagged photos before, during and after construction of items of work especially the embedded items   | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

|  |  |
|--|--|
| <b>Other Documents:</b><br>(as needed) |  |
|  |  |
|  |  |

Checked by:

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Internal Control Unit personnel



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**Department of Education**  
 Region XII  
 Schools Division Office of Tacurong City

**CHECKLIST OF DOCUMENTARY REQUIREMENTS**

(Please arrange the requirements according to the order in the checklist)

**CATERING SERVICES**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

**PARTICULARS:**

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed)   | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Approved PPAs   | 1             | 2             |         |
| 5   | Approved Purchase Request (PR)  |               |               |         |
| 6   | Certified copy of the page of the approved Annual Procurement Plan (APP) or Supplemental APP where the Goods, Consulting Services and/or Infrastructure Projects subjects of payment are indicated.                         | 1             | 2             |         |
| 7   | Request for Quotations (RFQ) (Small Value Procurement is mode of procurement)   | 1             | 2             |         |
| 8   | Proof of posting of invitation or request for submission of price quotation in the PhilGEPS website.  | 1             | 2             |         |
| 9   | Price Quotations from at least three bona fide and reputable manufacturers/suppliers/distributors (Canvass) (Shopping is mode of procurement)   | 1             | 2             |         |
| 10  | Abstract of Canvass (Shopping is mode of procurement)   | 1             | 2             |         |
| 11  | Certified copy of the submitted Contract or Purchase Order stamped "Received" by COA of the documentary requirements required by COA Circular No. 2009-001 dated February 12, 2009, and COA Memorandum No. 2005 – 027 dated | 1             | 2             |         |



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**Department of Education**  
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|    |   |   |   |  |
|----|---|---|---|--|
|    | February 28, 2005 (Annex A-T) and any future amendments thereof.  |   |   |  |
| 12 | Charge Invoice/ Billing Statement   | 1 | 2 |  |
| 13 | Delivery receipt duly received  | 1 | 2 |  |
| 14 | Inspection and Acceptance Report prepared by the Department/Agency property inspector and signed by the Head of the Agency or his duly authorized representative. | 1 | 2 |  |
| 15 | Attendance Sheet  | 1 | 2 |  |
| 16 | Letter to the Auditor   | 1 | 2 |  |

|                           |  |
|---------------------------|--|
| Payee's Bank Account No.: |  |
| Servicing Bank:           |  |
|                           |  |

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|---------------------------------|--|
| Other Documents:<br>(as needed) |  |
|                                 |  |
|                                 |  |

Checked by:

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Internal Control Unit personnel



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Schools Division Office of Tacurong City

**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**LABOR SERVICES**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

**PARTICULARS:**

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Approved PPAs   | 1             | 2             |         |
| 5   | Photographs (before, during and after)  |               |               |         |
| 6   | Pakyaw Agreement  | 1             | 2             |         |
| 7   | Certificate of Expenses not Requiring Receipts - (P 300.00 or less)   | 1             | 2             |         |
| 8   | Reimbursement Expense Receipt (RER) - (more than P300.00 but not exceeding P 1,000.00)  | 1             | 2             |         |
| 9   | Acknowledgement Receipt (above 1,000.00)  | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

|  |  |
|--|--|
| <b>Other Documents:</b><br>(as needed) |  |
|  |  |
|  |  |

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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**FIDELITY BOND PREMIUM**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

|                     |  |
|---------------------|--|
| <b>PARTICULARS:</b> |  |
|---------------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Obligation Request Slip (ORS) for Regular Fund or Budget Utilization Request and Status (BURS) for Trust Fund/Provident Fund, Box A (duly signed) | 4             |               |         |
| 2   | Disbursement Voucher (DV), Box A (duly signed)  | 4             |               |         |
| 3   | Signed Activity Request (AR), if applicable   | 1             | 2             |         |
| 4   | Fidelity Bond Application Form  | 1             | 2             |         |
| 5   | List of Accountable Officers  |               |               |         |
| 6   | ATAP – Authority to Accept Payment  | 1             | 2             |         |
| 7   | One Time Payment slip   | 1             | 2             |         |
| 8   | Confirmation Letter, for renewal  | 1             | 2             |         |
| 9   | Appointment Letter, for new   | 1             | 2             |         |

|                                  |  |
|----------------------------------|--|
| <b>Payee's Bank Account No.:</b> |  |
| <b>Servicing Bank:</b>           |  |

|  |  |
|--|--|
| <b>Other Documents:</b><br>(as needed) |  |
|  |  |
|  |  |

Checked by:

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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
*(Please arrange the requirements according to the order in the checklist)*

**LIQUIDATION OF TRAVEL**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>PAYEE:</b>          |  | <b>AMOUNT:</b>        |  |
| <b>DATE SUBMITTED:</b> |  | <b>DATE RECEIVED:</b> |  |
| <b>DATE RETURNED:</b>  |  | <b>DATE COMPLY:</b>   |  |

**PARTICULARS:**

| No. | Requirements   | No. of Copies |               | Remarks |
|-----|--|---------------|---------------|---------|
|     |  | Original      | Photocopy/ies |         |
| 1   | Liquidation Report   | 1             | 2             |         |
| 2   | Duly Approved Disbursement Voucher   | 1             | 2             |         |
| 3   | Paper/electronic plane, boat or bus tickets, boarding pass, terminal fee   | 1             | 2             |         |
| 4   | Copy of previously approved itinerary of travel  | 1             | 2             |         |
| 5   | Revised Itinerary of travel if the previous approved itinerary was not followed.   |               |               |         |
| 6   | Revised or Supplemental Office Order or any proof supporting the change of schedule.   | 1             | 2             |         |
| 7   | Certification of Expenses not Requiring Receipts (CERR) (for expenses amounting to P300.00 or less)  | 1             | 2             |         |
| 8   | Reimbursement Expense Receipts (RER) (for expenses amounting to more than P300.00 but not exceeding P1,000.00), pursuant to COA Circular No. 2017-001 dated June 19, 2017, as amended by COA Circular No. 2012-001 dated June 24, 2021 | 1             | 2             |         |
| 9   | Certificate of Appearance/attendance   | 1             | 2             |         |
| 10  | Official Receipt (OR) in case of refund of excess cash advance   | 1             | 2             |         |
| 11  | Certificate of travel completed  | 1             | 2             |         |

**Other Documents:**  
**(as needed)**

Checked by:

**JERALDEN L. PALADIN, MPA**  
Liquidation Report Checker



**Address:** Alunan Highway, Poblacion, Tacurong City 9800  
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**CHECKLIST OF DOCUMENTARY REQUIREMENTS**  
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**LIQUIDATION OF HONORARIA, SALARY, WAGES, ALLOWANCES AND OTHER SIMILAR PAYMENTS**

|                 |  |                |  |
|-----------------|--|----------------|--|
| PAYEE:          |  | AMOUNT:        |  |
| DATE SUBMITTED: |  | DATE RECEIVED: |  |
| DATE RETURNED:  |  | DATE COMPLY:   |  |

|              |  |
|--------------|--|
| PARTICULARS: |  |
|--------------|--|

| No. | Requirements  | No. of Copies |               | Remarks |
|-----|---|---------------|---------------|---------|
|     |   | Original      | Photocopy/ies |         |
| 1   | Liquidation Report                                    | 1             | 2             |         |
| 2   | Duly Approved Disbursement Voucher                    | 1             | 2             |         |
| 3   | PPAs, duly signed <i>(for training &amp; seminar)</i> | 1             | 2             |         |
| 4   | Payroll, duly accomplished and signed                 | 1             | 2             |         |

|                                 |  |
|---------------------------------|--|
| Other Documents:<br>(as needed) |  |
|---------------------------------|--|

Checked by:

JERALDEN L. PALADIN, MPA  
Liquidation Report Checker



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