

Department of Education

Region XII Schools Division Office of Tacurong City

June 10, 2025

DIVISION MEMORANDUM OSDS No. 074, s. 2025

GOVERNMENT ACCOUNTING FORMS

To:

Assistant Schools Division Superintendent

Chiefs of CID and SGOD

School Heads Section Heads

All Others Concerned

This Division

- This is in reference to the Government Accounting Manual issued by the Commission on Audit, entitled "Government Accounting for National Government Agencies Volume II - Accounting Books, Registries, Records, Forms and Reports."
- In line with this, Schools Division Office Accounting Section issues the prescribed accounting forms to be used as documentary requirements to the various claims.
- 3. Attached herewith are the different standard accounting forms.
- For the soft copy of these forms, please refer to the following link: bit.ly/45hKFDo.
- Wide dissemination of and strict compliance with this Memorandum is highly 5. enjoined.

DO 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/ GOVERNMENT ACCOUNTING FORMS/ June 10, 2025



Address: Alunan Highway, Poblacion, Tacurong City 9800 Telephone Numbers: (064)-200-6316; 0919-065-6425



Department of Education

Region XII Schools Division Office of Tacurong City

1. Disbursement Voucher (MOOE)

				Appendix 32
	Fund Cluster : 101			
	DISBURSEMENT VOUCHER	MOOE		Date : DV No. :
Mode of Payment	Commercial Check	X ADA	Others (Ple	ease specify)
Payee	JUAN A. DELA CRUZ	TI N/Employee	No.:	ORS/BURS No.:
Address	TACURONG CITY			
	Particulars		MFO/PAP	Amount
				0.00
	Amount Due			
A. Certif	ied: Expenses/Cash Advance necessary, lawful	and incurred u	nder my direct s	supervision
B. Accou	Assistant Schools Printed Name, Designating Entry:			
	Account Title	UACS Cod	e Debit	Credit
	Telephone Expense - Mobile	5020502001	1	
	Cash, MDS	1010404000		-
Sul	ed: sh available oject to Authority to Debit Account (when applical oporting documents complete and amount claime oper		or Payment	
Signature		Signature		
Printed		Printed Name		
Position	Accountant III Head, Accounting Unit/Authorized Representative	Position	Schools Div	ision Superintendent
Date		Date		
E. Recei	pt of Payment			JEV No.
Check/ ADA No. :	Date :	Bank Name &	Account Number	er:
Signature :	Date :	Printed JUAN A. D	ELA CRUZ	Date
Official Rec	eipt No. & Date/Other Documents			



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Department of Education

Region XII Schools Division Office of Tacurong City

2. Disbursement Voucher (PS)

				Appendix 32
	CITY SCHOOLS DIVISION OF TAG Tacurong City	CURONG		Fund Cluster : 101
	DISBURSEMENT VOUCHER	R PS		Date : DV No. :
Mode of Payment	Commercial Check	X ADA	Others (P	lease specify)
Payee	JUAN A. DELA CRUZ	TIN/Employee	No.:	ORS/BURS No.:
Address	TACURONG CITY			
	Particulars	1	MFO/PAP	Amount
				0.00
	Amount Due			
	Assistant Schools Printed Name, Designati			
B. Accou	nting Entry:			
	Account Title	UACS Cod	e Debit	Credit
	Telephone Expense - Mobile	5020502001		(w.)
C. Certific	Cash, MDS	1010404000		
Cas Sub Sup	sh available oject to Authority to Debit Account (when applicate oporting documents complete and amount claimed oper	1	or Payment	
Signature		Signature		
Printed		Printed Name		
	Accountant III		Schools Div	vision Superintendent
Position	Head, Accounting Unit/Authorized Representative	Position		
Date		Date		
E. Receip	ot of Payment			JEV No.
Check/ ADA No. :	Date :	Bank Name &	Account Numb	per:
Signature :	Date :	Printed JUAN A. D	ELACRUZ	Date
Official Rec	eipt No. & Date/Other Documents			



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Department of Education

Region XII Schools Division Office of Tacurong City

3. Disbursement Voucher - Capital Outlay

CITY SCHOOLS DIVISION OF TACURONG Tacurong City DISBURSEMENT VOUCHER CAPITAL OUTLAY Mode of Payment Commercial Check							Appendix 32
Mode of Payment Commercial Check X ADA Others (Please specify) Payee JUAN A. DELA CRUZ TIN/Employee No.: ORS/BURS No.: Address TACURONG CITY Particulars MFO/PAP Amount A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. Assistant Schools Division Superintendent Printed Name, Designation and Signature of Supervisor B. Account Title LACS Code Debit Credit Telephone Expense - Mobile 5020502001 - C. Certified: Cash, MDS 1010404000 C. Certified: Supporting documents complete and amount claimed proper Signature Signature Printed Name Accounting Unit/Authorized Representative Date Date Date Date : Bank Name & Account Number: Check/ Date : Printed Date Commercial Check X ADA Others (Please specify) CRS/BURS No.: CRS/BUR			CITY SCHOO		CURONG		Fund Cluster : 101
Mode of Payment Commercial Check X ADA Others (Please specify)		D	ISBURSEMEN	T VOLICHER CAPIT	AL OUTLAY		Date :
Payment Commercial Check X ADA Others (Please specify) Payee JUAN A. DELA CRUZ TIN/Employee No.: ORS/BURS No.: Address TACURONG CITY Particulars MFO/PAP Amount Particulars MFO/PAP Amount Assistant Schools Division Superintendent Printed Name, Designation and Signature of Supervisor Account Title UACS Code Debit Credit Telephone Expense - Mobile 5020502001 - Cash, MDS 1010404000 D. Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Signature Signature Printed Name Accounting Unit/Authorized Representative Date Date Date Date : Bank Name & Account Number: Bank Name & Account Number: Date Date : Printed Date JUAN A DELA CRUZ			TODOTTOLIVILIA	T VOODHER OAFTI	ALOUILAI		DV No. :
Amount Due A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. Assistant Schools Division Superintendent Printed Name, Designation and Signature of Supervisor B. Account Title				Commercial Check	X ADA	Others (F	Please specify)
Amount Due A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. Assistant Schools Division Superintendent Printed Name, Designation and Signature of Supervisor B. Account Title UACS Code Debit Credit Telephone Expense - Mobile 5020502001 - Cash, MDS 1010404000 C. Certified: Cash, MDS 1010404000 C. Certified: Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Name Accountant III Head, Accounting Unit/Authorized Representative Date E. Receipt of Payment	Payee	JUAN A	. DELA CRUZ		TIN/Employee	No.:	ORS/BURS No.:
Amount Due A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. Assistant Schools Division Superintendent Printed Name, Designation and Signature of Supervisor B. Accounting Entry: Account Title Telephone Expense - Mobile Cash, MDS 1010404000 C. Certified: Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Position Position Date Receipt of Payment Date Date: Bank Name & Account Number: Bank Name & Account Number: Date Printed Date: Bank Name & Account Number: Date Date: Printed Date: Printed Date: Date: Date: Printed Date	Address	TACUR	ONG CITY				
Assistant Schools Division Superintendent Printed Name, Designation and Signature of Supervisor B. Account Title			Particulars			MFO/PAP	Amount
B. Accounting Entry: Account Title Cash, MDS Cash, MDS Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Position Accountant III Head, Accounting Unit/Authorized Representative Date E. Receipt of Payment Date: Date: Date: Date: Printed Date: Date:	A. Certif	ied: Exp			and incurred ur	nder my direc	0.00 - t supervision.
Account Title Debit Credit	B. Accou	nting Entr					or
Telephone Expense - Mobile Cash, MDS 1010404000 Cash, MDS D. Approved for Payment Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Position Accountant III Head, Accounting Unit/Authorized Representative Date E. Receipt of Payment Check/ ADA No.: Signature Date: Bank Name & Account Number: Bank Name & Account Number: Bank Name & Date JUAN A DELA CRUZ		-		9	UACS Code	e Deb	it Credit
C. Certified: D. Approved for Payment		Tele	ephone Expense	- Mobile	5020502001		
Cash available Subject to Authority to Debit Account (when applicable) Supporting documents complete and amount claimed proper Signature Printed Name Position Accountant III Position Accounting Unit/Authorized Representative Date E. Receipt of Payment Check/ ADA No.: Signature Date: Dat	0 10-415		Cash, MDS		The second secon		
Printed Name Position Accountant III Position Head, Accounting Unit/Authorized Representative Date E. Receipt of Payment Check/ ADA No.: Signature Date: Date: Date: Date: Position Schools Division Superintendent Date Bank Name & Account Number: Printed Date JEV No. Bank Name & Account Number: Date JUAN A DELA CRUZ	Cas Sut Suppro	sh availat oject to A oporting o	uthority to Debit		ole)	or Payment	
Name Position Accountant III Position Head, Accounting Unit/Authorized Representative Date E. Receipt of Payment Check/ ADA No.: Signature Date: Printed Name Schools Division Superintendent Date Bank Name & Account Number: Printed Date JEV No. Bank Name & Account Number: Printed Date JUAN A DELA CRUZ					Signature		
Position Head, Accounting Unit/Authorized Representative Date E. Receipt of Payment JEV No. Check/ ADA No.: Signature Date: Printed Date JUAN A DELA CRUZ					Printed Name		
E. Receipt of Payment JEV No. Check/ ADA No.: Signature Date: Printed Date JUAN A DELA CRUZ	Position	Head,			Position	Schools D	ivision Superintendent
Check/ ADA No.: Bank Name & Account Number: Date: Printed Date JUAN A DELA CRUZ	Date				Date		
ADA No. : Signature Date : Printed Date JUAN A DELA CRUZ	E. Recei	ot of Pay	ment				JEV No.
JUAN A. DELA CRUZ				Date:	Bank Name &	Account Num	ber:
Official Receipt No. & Date/Other Documents	Signature :			Date :	1	ELA CRUZ	Date
	Official Rec	eipt No.	& Date/Other Do	cuments			



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Department of Education

Region XII Schools Division Office of Tacurong City

4. Obligation Request Status (ORS) - Regular Fund

OBLIGATION REQUEST AND STATUS			No. :				
CITY SCHOOL DIVISION OF TACURONG				Date:	Date:		
Tacurong City					101		
Payee	JUAN A. D	DELA CRUZ		AR:			
Office	TACURON	G CITY		AC:			
Address	TACURON	G CITY		Source of Fun	d:		
Responsibil Center	lty	Particulars	MFO/PAP	UACS Code/ Expenditure	A	mount	
nec	essary, lawful and	Total o appropriation/allotment under my direct supervision, nents valid, proper and legal		Allotment avail pose/adjusment r		- ted	
Signature Printed Name Position H	: Assistant	Schools Division Superintendent ffice/Authorized Representative	Signature :				
C.			S OF OBLIGATIO				
	Ref	Reference			unt	D .	
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable	
00-Jan	Obligation		-			-	
		Totals	-			-	



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Department of Education

Region XII Schools Division Office of Tacurong City

5. Disbursement Voucher - Trust Fund

				Appendix 32
	CITY SCHOOLS DIVISION OF TAC	URONG		Fund Cluster : 101
	Tacurong City			
	DISBURSEMENT VOUCHER TRUS	ST FUND		Date : May 2, 2025 DV No. :
Mode of Payment	X Commercial Check	ADA	Others (Pl	ease specify)
Payee	JOHN L. DELA CRUZ	TIN/Employee		ORS/BURS No.:
Address	KORONADAL CITY			
	Particulars		MFO/PAP	Amount
Payment o	f training expenses during the conduct of Division Reading Congress		10000000	0.00
	Amount Due			
A. Certif	ied: Expenses/Cash Advance necessary, lawful a	and incurred u	nder my direct	supervision
B. Accou	Printed Name, Designationting Entry: Account Title	UACS Cod		
	Due to Regional Office	2030103000		-
C. Certific	Cash, LCCA	D. Approved f		
Car Sul Su	sh available oject to Authority to Debit Account (when applicable oporting documents complete and amount claimed oper	le)	or Payment	
Signature		Signature		
Printed Name		Printed Name		
Position	Accountant III Head, Accounting Unit/Authorized Representative	Position	Schools Div	vision Superintendent
Date		Date		
E. Recei	pt of Payment			JEV No.
Check/ ADA No. :	Date :	Bank Name &	Account Numb	
Signature :	Date:	Printed Date JOHN L. DELA CRUZ		
Official Rec	ceipt No. & Date/Other Documents			



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Department of Education

Region XII Schools Division Office of Tacurong City

6. Disbursement Voucher - Provident Fund

					Appendix 32
	CITYS	CHOOLS DIVISION OF TAC Tacurong City	CURONG		Fund Cluster : 101
	DISBURS	EMENT VOUCHER PROVID	ENT FUND		Date : May 2, 2025 DV No. :
Mode of Payment		X Commercial Check	ADA	Others (Ple	ease specify)
Payee	DEPED RO XII P	ROVIDENT	TIN/Employee	e No.:	ORS/BURS No.:
Address	KORONADAL CI	TY			
	Par	ticulars		MFO/PAP	Amount
Payi	ment of Provident	loan to DepEd RO XII		10000000	0.00
	Amor	unt Due			
A. Certif		sh Advance necessary, lawful a	and incurred u	ndor my direct	
B. Accoun	nting Entry:	OIC -Assistant School Printed Name, Designation		perintendent	
	Acco	unt Title	UACS Cod	e Debit	Credit
	Due to Re	gional Office	2030103000)	-
C. Certifie		. LCCA	1010202000		
Cas Sub Sup	sh available bject to Authority to	Debit Account (when applicables complete and amount claimed	1	or Payment	
Signature			Signature		
Printed	JONEI	G. SOLOMON, CPA	Printed Name	GII DO G I	MOSQUEDA, CEO VI
- Netroe		Accountant III			ision Superintendent
Position		g Unit/Authorized Representative	Position		
Date			Date		
E. Receip	ot of Payment				JEV No.
Check/ ADA No. :		Date :	Bank Name &	Account Number	er:
Signature : Official Rec	eipt No. & Date/O	Date :	Printed Date DEPED RO XII PROVIDENT		



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Department of Education

Region XII Schools Division Office of Tacurong City

7. Budget Utilization Request Status (BURS) – Trust & Provident Funds

BUDGET UTILIZATION REQUEST S CITY SCHOOL DIVISION OF TACU					No. :		
				RONG	Date:		
Tacurong City					Fund:	101	
Pay	/ee	JUAN L. D	DELA CRUZ		AR:		
Offi	ice	TACURON	G CITY		AC:		
Addr	ress	TACURON	G CITY		Source of Fun	d:	
Respon Cen			Particulars	MFO/PAP	UACS Code/ Expenditure	A	umount
1	necessar	y, lawful and	Total o appropriation/allotment under my direct supervision, ents valid, proper and legal		Allotment avail ose/adjusment r		ted
Signature : Printed Name: Position : OIC -Assistant Schools Division Superintendent Head, Requesting Office/Anthorized Representative			Signature : Printed Name: Position : Budget Officer III Head, Budget Unit/Authorized Representative				
Date	: _			Date :_			-
C.				S OF OBLIGATION	V		
		2 0	prence		Amo	unt	Due and
Date	Part	iculars	ORS/JEV/RCI/RADAI No.	Obligation	Payment	Not Yet Due	Due and Demandable
	Obl	igation		-			ж
			Totals	-			



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Department of Education

Region XII Schools Division Office of Tacurong City

8. Certification Of Expenses Not Requiring Receipts (COENRR)



Republic of the Philippines Department of Education

Region XII Schools Division Office of Tacurong City

	Pursuant to COA Circular No. 2017-0	OT REQUIRING 19 dated June 19	IG RECEIPTS
Name of Employee		Employee No.	
Office		-	
Division			
Date	Particulars		Amount (P)
TOTAL			
Purpose:	by certify that the above expenses are incurred a	s they are neces	sary for the above cited
purpose, that	t above goods and services were required from partial inful falsification of statements is punishable by la	parties not issuin	g receipts. And that I am fully
	Certified correct:	Noted by:	
Signature			
Printed Name			
		In	mediate Supervisor
	Employee		
	Date	Date	



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Department of Education

Region XII Schools Division Office of Tacurong City

9. Reimbursement Expense Receipt (RER)

	Appendix 46
REIMBURSEMENT	EXPENSE RECEIPT
Entity Name:	Fund Cluster :
Date :	RER No.:
RECEIVED from	(Name)
	the amount
of (In Words)	(P) (in Figures)
in payment for	
(Payments for sub	sistence, services,
rental or transportation sh	ould show inclusive dates,
purpose, distance, inclus	ive points of travel, etc.)
PAY	YEE
Name/Signature	
Address	
Name/SignatureAddress	



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Department of Education

Region XII Schools Division Office of Tacurong City

10. Itinerary of Travel (IoT)

Entity Name: DEPED TACURONG

ITINERARY OF TRAVEL

Fund Cluster	-						No.:	
Name : Position : Official Statio	9 H :			Date of Travel : Purpose of Travel :				
Date	Places to be visited (Destination)	T I Departure	ME	Means of	Transpor-	Per	Registrat	Total
	(Destination)	Departure	Arrival	Transportation	station	Diem	ion	Amount
								171
								-
								-
								-
								-
								*
								**
								-
				1			1 1	-
								-
								-
		1						-
		1			ĺ			-
		1	l					-
		_		_				
			TOTAL		-	-		0.00
		•	Prepared 1	by:				
I certify that	:(1) I have reviewed the foregoing itinerary,	(2) the						
travel is a	necessary to the service, (3) the period covere	ed is		Signal	ture over Printed	Name		
reasonable and (4) the expenses claimed are proper.			Signature over Printed Name					
			Approved	by:				
		1						
	Signature over Printed Name				ure over Printed			
	Immediate Supervisor			Schools	Division Superi	ntendent		
								1



Address: Alunan Highway, Poblacion, Tacurong City 9800 Telephone Numbers: (064)-200-6316; 0919-065-6425

Email: tacurong city@deped gov.ph

Website: depedtacurong.org



Department of Education

Region XII Schools Division Office of Tacurong City

11.Liquidation Report (LR)

		Appendix 44
LIQUIDAT Period Covered for the M	ION REPORT Month of	Serial No.: Date:
Entity Name: DEPED -CSDT Fund Cluster:	Responsibility Center Code:	
PARTI	CULARS	AMOUNT
To Liquidate Cash advance of travel in the ar	nount of	
TOTAL AMOUNT SPENT		0.00
AMOUNT OF CASH ADVANCE PER DV	NO. DTD.	0.00
AMOUNT REFUNDED PER OR NO.	DTD.	=
AMOUNT TO BE REIMBURSED		0.00
A Certified: Correctness of the above data	B Certified: Purpose of travel / C cash advance duly accomplished	Certified: Supporting documents complete and proper
Signature over Printed Name Claimant	Signature over Printed Name Immediate Supervisor	Signature over Printed Name Head, Accounting Division Unit
Date:	Date:	JEV No.: Date:



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Department of Education

Region XII
Schools Division Office of Tacurong City

12. Certificate of Travel Completed (CoTC)

APPENDIX "B"

CERTIFICATE OF TRAVEL COMPLETED

Agency:	CITYS	CHOOLS DIVISION OF TAC	CURONG	Station:	TACURONG CITY
		rtify that I have completed the		eltinerary of T	ravel No
Ехр	()	Strictly in accordance with Cut short as explained below was refunded on OR No Other deviation explained be or justification	w. Excess may be in the		
		Travel attached hereto			
			Respectfully submitted:		
			-	Name of E	Employee
One	evidence	and information of which I h	ave knowledge, the trav	el was actually	undertaken.
			Sc	hools Division	Superintendent



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Department of Education

Region XII Schools Division Office of Tacurong City

13. Payroll (Salary)

											лурении
				Ĭ		PAYRe	OLL	_			
nd Ch	ame : uster : owledge receipt of cash shown o	opposite our name a	ss full compen	sation for services re	ndered for the	seriad cover	ed		Payroll No. Sheet	: of	Sheets
					COMPENSATIONS		DEDUCTIONS				
erial No.	Name	Position	Employee No.	Salaries and Wages - Regular			Gross Amount Earned		Total Deductions	Net Amount Due	Signature of Recipient
		-				1					
-					-	-	+		-		
1					+	+-			1		
						1					
-					_						
-					_	-	-				
+					-	1					
A	CERTIFIED: Services duly re	ndered as stated.			C	APPRO	VED FOR PAYMEN	rt:			
_											(P
	Signature over Printed Name Official	of Authorized	. ,	Date			Head of A	ver Printed Name) gracy/Anthonical screeniative		Date	
B CERTIFIED: Supporting documents complete and proper; and cash available in the			D		TED: Each employ	ее мане ваше арре		oll has E			
	mount of P	***************************************				been pai	d the amount as indi	icated opposite his/h	er name		ORS/BURS No. :
-	(Signature over Printer Head of Accounting Div			Date				wer Printed Nume) Carbier		1.	JEV No.: Date:

Address: Alunan Highway, Poblacion, Tacurong City 9800 Telephone Numbers: (064)-200-6316; 0919-065-6425



Department of Education

Region XII Schools Division Office of Tacurong City

14. Payroll (Honorarium)

			PAYRO	LL				
ntity Name: und Cluster.			_		Payroll No.: Sheet	of	Sheets	
W	VE acknowledge rece	eipt of cash shown opposite our nam	e as full payment for	······································				
No.	Name	Position	Amount	Signature		Remarks		
Total			0.00					
. CERTIFIE	D: Services duly rend	ered as stated.	C	APPROVED FOR PAYMENT:		•	_)	
Sig	gnature over Printed	Name of Authorized Official		Schoo	ls Division Superin	landent		
	D	iate			Date			
CBRTIFIED: Supporting documents complete and proper, and cash available in in the amount of P			we amount of P DA	 D. Certified: Each employee whose name appears on the psyrdifies been paid the amount as industed apposite higher name. 				
		S. SOLOMON, CPA			LIZA P. DE LUI	8A		
	A	ccountant III			Cashier			
		accountant III			Cashier			



Address: Alunan Highway, Poblacion, Tacurong City 9800 Telephone Numbers: (064)-200-6316; 0919-065-6425



Department of Education

Region XII Schools Division Office of Tacurong City

15. Purchase Request - Division (PR)



Republic of the Philippines Department of Education Region XII CITY SCHOOLS DIVISION OF TACURONG City of Tacurong



		PURCH	ASE REQI	UEST		
Departme	ent: City	Schools Division of Tacurong	PR No.		,	
Section:	Section:				Date:	
Stock No.	Unit	Item Descript	ion	Quantity	Unit Cost	Total Cost
1						0.00
2						
4						
5						
6						
7						
8						
		Funds Certified Available:				
		Administrative Off	icer V			
		(Budget Office				
					Php	0.00
PURPOS	BE:					
		Requested by:		Approved by		
Signature Printed N				- THE ROLL OF THE SECOND SECON		
Designati			-	Schools Division	on Superintende	nt



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Department of Education

Region XII Schools Division Office of Tacurong City

16. Purchase Request - School (PR)



Republic of the Philippines
Department of Education
Region XII

CITY SCHOOLS DIVISION OF TACURONG
City of Tacurong



		PURCHASE	REQUEST		
Departme	ent City S	Schools Division of Tacurong PF	R No.	-	
School:		SA	No	Date:	
Stock No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
1					0.00
2					
4					
5					
6					
7					
8					
		Funds Certified Available:			
		Administrative Assistant III			
		(Bookkeeper)			
				Php	0.00
PURPOS	SE:				
		Requested by:	Approved by):	
Signature Printed N			-		•
Printed Name: Designation:			Schools Divisi	on Superintende	ent



Address: Alunan Highway, Poblacion, Tacurong City 9800 Telephone Numbers: (064)-200-6316; 0919-065-6425



Department of Education

Region XII Schools Division Office of Tacurong City

17. Acknowledgement Receipt

Republic of the Philippines
Department of Education
Region XII
CITY SCHOOLS DIVISION OF TACURONG
City of Tacurong

CITY	SCHOOLS DIVISION OF City of Tacurong	TACURONG	
		Date:	
ACK	NOWLEDGEMENT	Γ RECEIPT	
Iamount of	received the payment for	, hereby acknowledge that I	
Signature over (Claimant/Receiver) (Pay		ure over printed name	
Witness/es: Witness 1: Signature over printed na		-	
Witness 2:Signature over printed na		-	



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QR CODE FOR THE SOFT COPIES OF ACCOUNTING FORMS





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