## UNIVERSITY OF THE PHILIPPINES LOS BANOS
College, Laguna

Accounting Office

CITIZENS CHARTER
ISSUANCE OF CERTIFICATION AND OTHER SERVICES

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>CLIENT ACTION</th>
<th>FORMS TO BE ACCOMPLISHED</th>
<th>Staff In Charge</th>
<th>Processing Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Certificate of Philhealth Contribution</td>
<td>Request Certificate of Philhealth Contribution</td>
<td>Philhealth - CF 1 AOF-01</td>
<td>Ofelia Sarmiento Christine Coronado</td>
<td>10 minutes</td>
</tr>
<tr>
<td>2 GSIS Certificate of Premium Contributions and Loan Repayments</td>
<td>Request Certificate of Premium Contributions and Loan Repayments</td>
<td>AOF-01</td>
<td>Ofelia Sarmiento</td>
<td>1 hour (for active employees) 5 days (for retired/resigned employees)</td>
</tr>
<tr>
<td>3 Certificate of Pag-ibig Contributions and Loan Repayments</td>
<td>Request Certificate of Pag-ibig Contributions and Loan Repayments</td>
<td>AOF-01</td>
<td>Rizalina Ramos</td>
<td>1 hour (for active employees) 3 days (for retired/resigned employees)</td>
</tr>
<tr>
<td>4 Certificate of Tax Withheld (2316)</td>
<td>Request Certificate of Taxes Witheld</td>
<td>BIR Form 2316 &amp; AOF-01</td>
<td>Jefferson Sancom</td>
<td>1 hour</td>
</tr>
<tr>
<td>5 Statement of Income</td>
<td>Request Statement of Income</td>
<td>AOF-01</td>
<td>Nini Daisy Lozada</td>
<td>30 minutes</td>
</tr>
<tr>
<td>6 Status of Fund</td>
<td>Request Status of Funds</td>
<td>AOF-01</td>
<td>Fund Controller</td>
<td>1 day</td>
</tr>
<tr>
<td>7 Processing of Clearance</td>
<td>Request Clearance from Financial Accountability</td>
<td>UPLB Clearance Form</td>
<td>Eden Mariano Jay Erasga Jefferson Sancon Christine Coronado Flor Mantala Margarita Maghirang</td>
<td>1 day (for active employees) 3 days (for retired/resigned employees)</td>
</tr>
<tr>
<td>8 Computer Loan Application</td>
<td>UPLB Employee</td>
<td>Accomplished Computer Loan Form and AOF -01</td>
<td>Glenda Balatbat</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>
CERTIFICATE OF GSIS PREMIUM CONTRIBUTIONS AND LOAN REPAYMENTS

SCHEDULE OF AVAILABILITY OF SERVICE

8:00 am - 5:00 pm., Monday - Friday

WHO MAY AVAIL OF THE SERVICE

1 Employees in active service
2 Retired/Resigned Employees

WHAT ARE THE REQUIREMENTS

1 Duly accomplished AOF -01

FEES AND CHARGES:

NONE

Total Duration of Service: 10 minutes

Processing of Certificate of Philhealth Contribution

<table>
<thead>
<tr>
<th>Step</th>
<th>Client</th>
<th>Accounting Office Activity</th>
<th>Duration</th>
<th>Staff-In-Charge</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Requests Certificate of Premium Contributions and Loan Repayments</td>
<td>1. Client accomplishes AOF -01 2. Staff prepares the Certificate of Premium Contributions and Loan Repayments 3. Chief Accountant/OIC Payroll Section signs the Certificate</td>
<td>2 minutes 53 minutes 5 minutes</td>
<td>Ofelia Sarmiento Joan Mendoza Margarita Maghirang</td>
<td>AOF - 01</td>
</tr>
</tbody>
</table>

Total Duration of Service: 60 minutes

* Processing time is based on the submission of duly accomplished/complete supporting documents
CERTIFICATE OF GSIS PREMIUM CONTRIBUTIONS AND LOAN REPAYMENTS

SCHEDULE OF AVAILABILITY OF SERVICE

8:00 am - 5:00 pm., Monday - Friday

WHO MAY AVAIL OF THE SERVICE

1. Employees in active service
2. Retired/Resigned Employees

WHAT ARE THE REQUIREMENTS

1. Duly accomplished AOF -01

FEES AND CHARGES:

NONE

Total Duration of Service: 10 minutes

Processing of Certificate of Philhealth Contribution

<table>
<thead>
<tr>
<th>Step</th>
<th>Client</th>
<th>Accounting Office Activity</th>
<th>Duration</th>
<th>Staff-In-Charge</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Requests Certificate of Premium Contributions and Loan Repayments</td>
<td>1. Client accomplishes AOF -01</td>
<td>2 minutes</td>
<td>Ofelia Sarmiento</td>
<td>AOF - 01 Service Record</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Client submits Service Record RMO</td>
<td>2 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Staff prepares the Certificate of Premium Contributions and Loan Repayments</td>
<td>approximately 2,376 minutes (4.95 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Chief Accountant/OIC Payroll reviews and signs Certificate</td>
<td>20 minutes</td>
<td>Joan Mendoza</td>
<td>Margarita Maghirang</td>
</tr>
</tbody>
</table>
|      |        | Total Duration of Service | 480 minutes | | *

* Processing time is based on the submission of duly accomplished/complete supporting documents
CERTIFICATE OF GSIS PREMIUM CONTRIBUTIONS AND LOAN REPAYMENTS

SCHEDULE OF AVAILABILITY OF SERVICE

8:00 am - 5:00 pm., Monday - Friday

WHO MAY AVAIL OF THE SERVICE

1. Employees in active service
2. Retired/Resigned Employees

WHAT ARE THE REQUIREMENTS

1. Duly accomplished AOF -01

FEES AND CHARGES:

NONE

Total Duration of Service: 10 minutes

Processing of Certificate of Philhealth Contribution

<table>
<thead>
<tr>
<th>Step</th>
<th>Client</th>
<th>Accounting Office Activity</th>
<th>Duration</th>
<th>Staff-In-Charge</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Requests Certificate of Premium Contributions and Loan Repayments</td>
<td></td>
<td></td>
<td>AOF - 01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Client accomplishes AOF -01</td>
<td>2 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Staff prepares the Certificate of Premium Contributions and Loan Repayments</td>
<td>53 minutes</td>
<td>Ofelia Sarmiento</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Chief Accountant/OIC Payroll Section signs the Certificate</td>
<td>5 minutes</td>
<td>Joan Mendoza Margarita Maghirang</td>
<td></td>
</tr>
</tbody>
</table>

Total Duration of Service: 60 minutes

* Processing time is based on the submission of duly accomplished/complete supporting documents
CERTIFICATE OF PHILHEALTH CONTRIBUTIONS

SCHEDULE OF AVAILABILITY OF SERVICE

8:00 am - 5:00 pm., Monday - Friday

WHO MAY AVAIL OF THE SERVICE

1 Employees in active service

WHAT ARE THE REQUIREMENTS

1 Duly accomplished Philhealth Form - CF 1
2 Duly accomplished Philhealth Form - CF 1 and AOF - 01

FEES AND CHARGES:

NONE

Total Duration of Service: 10 minutes

Processing of Certificate of Philhealth Contribution

<table>
<thead>
<tr>
<th>Step</th>
<th>Client</th>
<th>Accounting Office Activity</th>
<th>Duration</th>
<th>Staff-In-Charge</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Requests Certificate of Philhealth Certificate</td>
<td>1. Client submits duly accomplished Philhealth CF - 1</td>
<td>1 minute</td>
<td>Ofelia Sarmiento</td>
<td>PH - CF1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Client accomplishes AOF - 01</td>
<td>2 minutes</td>
<td></td>
<td>AOF - 01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Staff prepares the Certificate of Philhealth Contribution</td>
<td>6 minutes</td>
<td>Joan Mendoza</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Chief Accountant/OIC Payroll Section signs the Certificate of Philhealth</td>
<td>1 minute</td>
<td>Margarita Maghirang</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Duration of Service</td>
<td>10 minutes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Processing time is based on the submission of duly accomplished/complete supporting documents
UNIT:________________________________
CHECKLIST FOR : 1ST PAYMENTS OF SALARIES
1. Salaries
   1 FIRST PAYMENT
      1.1 COPY OF APPOINTMENT
      1.2 SALN
      1.3 CERTIFICATE OF OATH OF OFFICE
      1.4 DTR/CERTIFICATE OF SERVICE
      1.5 BIR FORM NO. 2305
      1.6 CERTIFICATE OF REPORT FOR DUTY

I HEREBY CERTIFY THAT I HAVE ATTACHED AND REVIEWED AS TO COMPLETENESS OF ALL THE REQUIRED SUPPORTING DOCUMENTS AS ENUMERATED IN THE CHECKLIST.

__________________________________________
(SIGNATURE OVER PRINTED NAME)

__________________________________________
(DATE)

UNIT:________________________________
CHECKLIST FOR : REPORT FOR DUTY
2 REPORT FOR DUTY
   2.1 APPROVED LETTER REQUEST OF REPORT FOR DUTY
   2.2 DTR/CERTIFICATE OF SERVICE
   2.3 OBR

   I HEREBY CERTIFY THAT I HAVE ATTACHED AND REVIEWED AS TO COMPLETENESS OF ALL THE REQUIRED SUPPORTING DOCUMENTS AS ENUMERATED IN THE CHECKLIST.

__________________________________________
(SIGNATURE OVER PRINTED NAME)

__________________________________________
(DATE)

UNIT:________________________________
CHECKLIST FOR : HONORARIUM & OTHER ALLOWANCES
3. HONORARIUM AND OTHER ALLOWANCES
   3.1 COPY OF APPOINTMENT
   3.2 DTR/CERTIFICATE OF SERVICE FOR SPECIAL ASSIGNMENTS
   3.3 OBR/BUR IF GF/RF
   3.4 CHANCELLORS APPROVAL TO GRANT HONORARIUM FOR NON-UP CLAIMANTS
   3.5 APPROVAL FROM CLAIMANT’S ORIGINATING OFFICE IF FROM OTHER GOVERNMENT AGENCIES
   3.6 CERTIFIED SUMMARY OF COMPUTATION

   I HEREBY CERTIFY THAT I HAVE ATTACHED AND REVIEWED AS TO COMPLETENESS OF ALL THE REQUIRED SUPPORTING DOCUMENTS AS ENUMERATED IN THE CHECKLIST.

__________________________________________
(SIGNATURE OVER PRINTED NAME)

__________________________________________
(DATE)
UNIT: __________________________

CHECKLIST FOR: OVERLOAD TEACHING

4. Salaries

☐ 4.1 APPROVED LETTER REQUEST TO GRANT HONORARIUM FOR OVERLOAD TEACHING
☐ 4.2 CERTIFIED COMPUTATION
☐ 4.3 OBR/BUR IF GF/RF

I HEREBY CERTIFY THAT I HAVE ATTACHED AND REVIEWED AS TO COMPLETENESS OF ALL THE REQUIRED SUPPORTING DOCUMENTS AS ENUMERATED IN THE CHECKLIST.

__________________________________________
(SIGNATURE OVER PRINTED NAME)

__________________________________________
(DATE)

UNIT: __________________________

CHECKLIST FOR: OVERTIME PAY

5. OVERTIME PAY

☐ 5.1 APPROVED REQUEST OF OVERTIME
☐ 5.2 CERTIFIED SUMMARY OF COMPUTATION
☐ 5.3 DRT
☐ 5.4 OBR/BUR

I HEREBY CERTIFY THAT I HAVE ATTACHED AND REVIEWED AS TO COMPLETENESS OF ALL THE REQUIRED SUPPORTING DOCUMENTS AS ENUMERATED IN THE CHECKLIST.

__________________________________________
(SIGNATURE OVER PRINTED NAME)

__________________________________________
(DATE)

UNIT: __________________________

CHECKLIST FOR: RETIREMENT BENEFITS

6. RETIREMENT BENEFITS—COMPUTATION OF TERMINAL LEAVE/SRP

☐ 6.1 CLEARANCE
☐ 6.2 SALN
☐ 6.3 SERVICE RECORD
☐ 6.4 CERTIFICATE OF BEING FREE FROM FINANCIAL OR PROPERTY PROMISSORY NOTE FOR OUTSTANDING OBLIGATION
☐ 6.5 APPROVED APPLICATION FOR SRP
☐ 6.6 DESIGNATION OF NEXT OF KIN FOR SURVIVORSHIP
☐ 6.7 COMPUTATION OF LEAVE CREDITS
☐ 6.8 NOTICE OF LATEST SALARY ADJUSTMENT
☐ 6.9 OBR/BUR

I HEREBY CERTIFY THAT I HAVE ATTACHED AND REVIEWED AS TO COMPLETENESS OF ALL THE REQUIRED SUPPORTING DOCUMENTS AS ENUMERATED IN THE CHECKLIST.

__________________________________________
(SIGNATURE OVER PRINTED NAME)

__________________________________________
(DATE)
UNIT: _____________________________

CHECKLIST FOR: PAYMENT OF STUDENT BENEFITS

7. STUDENT BENEFITS

☐ 7.1 CERTIFICATION OF AWARD/BENEFITS BY GRANTORS
☐ 7.2 DTR FOR SAs
☐ 7.3 OBR/BUR FOR GF/RF

I HEREBY CERTIFY THAT I HAVE ATTACHED AND REVIEWED AS TO COMPLETENESS OF ALL THE REQUIRED SUPPORTING DOCUMENTS AS ENUMERATED IN THE CHECKLIST.

__________________________________
(SIGNATURE OVER PRINTED NAME)

__________________________________
(DATE)

UNIT: _____________________________

CHECKLIST FOR: CLAIM FOR REFUNDS OF STUDENT

8 PAYMENT OF CLAIM FOR REFUNDS

☐ 8.1 COPY OF FORM 5
☐ 8.2 CERTIFIED COPY OF BANK DEPOSIT SLIP
☐ 8.3 CERTIFICATE OF BRACKET ASSIGNMENT FOR STFAP
☐ 8.4 CERTIFICATE OF EMPLOYMENT AND APPROVED REDUCED FEE IF UP EMPLOYEE
☐ 8.5 APPLICATION FORM FOR THE EDUCATIONAL BENEFITS GRANTED TO BARANGAY OFFICIALS AND THEIR LEGITIMATE DEPENDENTS
☐ 8.6 CERTIFICATE OF AWARD OF BENEFITS BY GRANTORS
☐ 8.7 OBR/BUR

I HEREBY CERTIFY THAT I HAVE ATTACHED AND REVIEWED AS TO COMPLETENESS OF ALL THE REQUIRED SUPPORTING DOCUMENTS AS ENUMERATED IN THE CHECKLIST.

__________________________________
(SIGNATURE OVER PRINTED NAME)

__________________________________
(DATE)
CHECKLIST FOR: REIMBURSEMENT/PAYMENT OF SUPPLIES AND EQUIPMENT & VEHICLE MAINTENANCE SHOPPING & SMALL VALUE PROCUREMENT

Note: always prepare DV in 3 Copies

9.1 Purchase Request with BAC action and approval by OVCA
9.2 Approved PO
9.3 Request of Quotations (stamped & Signed by SPMO only for Purchases more than P50T)
9.3.4 IAR
9.5 Warranty certificate from the manufacturer for Equipment items
9.6 Abstract of Quotations (stamped & signed by SPMO only for purchases more than P50T) awarded & signed by head of office with RATA
9.7 ARE/ICS for equipment/supplies
9.8 Pre & Post Repair inspection report for vehicle maintenance
9.9 Waste material report in case of part replacement
9.10 Official Receipts' sales invoice
9.12 Other Documents that may be required based on succeeding COA updates and management memoranda

I HEREBY CERTIFY THAT I HAVE ATTACHED AND REVIEWED AS TO COMPLETENESS OF ALL THE REQUIRED SUPPORTING DOCUMENTS AS ENUMERATED IN THE CHECKLIST.

(SIGNATURE OVER PRINTED NAME)

(DATE)

UNIT: __________________________________

CHECKLIST FOR: REIMBURSEMENT/PAYMENT OF SUPPLIES AND EQUIPMENT—REPEAT ORDER MODE

Note: always prepare DV in 3 Copies

10.1 Purchase Request with BAC action and approval to repeat order
10.2 Approved PO
10.3 Copy of Public Bidding
10.4 BAC resolution
10.5 ARE/ICS Equipment/Supplies
10.6 IAR
10.7 Inspection and Acceptance Report
10.8 Official receipt/sales invoice
10.9 OBR/BUR for GF/RF
10.10 Other Documents that may be required based on succeeding COA updates and management memoranda

I HEREBY CERTIFY THAT I HAVE ATTACHED AND REVIEWED AS TO COMPLETENESS OF ALL THE REQUIRED SUPPORTING DOCUMENTS AS ENUMERATED IN THE CHECKLIST.

(SIGNATURE OVER PRINTED NAME)

(DATE)

UNIT: __________________________________

CHECKLIST FOR: REIMBURSEMENT/PAYMENT OF PERISHABLE ITEMS, BOTTLED WATER, NEWSPAPER DELIVERY, PHOTOCOPY, LAUNDRY SERVICES, VEHICLE RENTAL, ACCOMMODATIONS, WORKSHOP VENUE RENTALS AMOUNTING TO P10,000 AND BELOW

Note: always prepare DV in 3 Copies

11.1 Purchase Request w/ no BAC Action
11.2 Request for Quotations
11.3 Abstract of summary of Quotations
11.4 Approved PO for perishable items, bottled water, photocopy & laundry services more than P1T, accommodation & workshop venue
11.5 No PO for Newspaper & vehicle rental
11.6 Inspection and Acceptance report
11.7 Attendance Sheet for food purchases, accommodation and workshop venues
11.8 Official Receipt/Sales Invoice
11.9 OBR/BUR for GF/RF
11.10 Other Documents that may be required based on succeeding COA updates and Management memoranda

I HEREBY CERTIFY THAT I HAVE ATTACHED AND REVIEWED AS TO COMPLETENESS OF ALL THE REQUIRED SUPPORTING DOCUMENTS AS ENUMERATED IN THE CHECKLIST.

(SIGNATURE OVER PRINTED NAME)

(DATE)
UNIT: __________________________________

12. CHECKLIST FOR: REIMBURSEMENT/PAYMENT OF FOOD EXPENSE

Note: Always prepare DV in 3 copies

For PHP 1,001 to PHP 10,000
- 12.1 Purchase Request w/ no BAC action
- 12.2 Request for Quotations
- 12.3 Abstract Summary of Quotations
- 12.4 Approved PO
- 12.5 Inspection and Acceptance Report
- 12.6 Attendance Sheet
- 12.7 Official Receipts/Sales Invoice
- 12.8 OBR/BUR for GF/RF
- 12.9 Other documents that may be required based on succeeding COA updates and management memoranda

Note: for PHP 1,000 and below No PO, No RQ, no PR

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

______________________________________
(Signature Over Printed Name)

_______________________________________
(DATE)

UNIT: __________________________________

13. CHECKLIST FOR: REIMBURSEMENT/PAYMENT OF SUPPLIES AND EQUIPMENT & VEHICLE MAINTENANCE - LIMITED SOURCE MODE

Note: Always prepare DV in 3 copies

- 13.1 PR with BAC action & approval
- 13.2 Approved PO
- 13.3 Notice of Award approved by the Chancellor
- 13.4 ARE/ICS for Equipment/Supplies
- 13.5 Pre and Post Inspection for repair of equip items
- 13.6 Report of Waste Materials for replacement of part
- 13.7 Official Receipts/Sales Invoice
- 13.8 IAR
- 13.9 Warranty certificate from the manufacturer for Equipment items
- 13.10 OBR/BUR for GF/RF
- 13.11 Other documents that may be required based on succeeding COA updates and management memoranda

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

______________________________________
(Signature Over Printed Name)

_______________________________________
(DATE)

UNIT: __________________________________

14. CHECKLIST FOR: REIMBURSEMENT/PAYMENT OF SUPPLIES AND EQUIPMENT & VEHICLE MAINTENANCE - IMMEDIATE SHOPPING MODE

Note: Always prepare DV in 3 copies

- 14.1 Approved letter request to go on immediate shopping
- 14.2 Request of Quotations and AOQ
- 14.3 IAR
- 14.4 ARE/ICS for Equipment/Supplies
- 14.5 Warranty certificate from the manufacturer for Equipment items
- 14.6 Pre and Post inspection for repair of equip items
- 14.7 Waste Material Report
- 14.8 OBR/BUR for GF/RF
- 14.9 Other documents that may be required based on succeeding COA updates and management memoranda

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

______________________________________
(Signature Over Printed Name)

_______________________________________
(DATE)
## 15. CHECKLIST FOR: REIMBURSEMENT/PAYMENT OF FOOD EXPENSE MORE THAN P10T

**Note:** Always prepare DV in 3 copies

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15.1</td>
<td>Purchase Request W/ BAC Action &amp; Approval</td>
</tr>
<tr>
<td>15.2</td>
<td>Request for Quotations Stamped &amp; Signed for more than P50T only</td>
</tr>
<tr>
<td>15.3</td>
<td>Abstract Summary of Quotations Stamped &amp; signed for more than P50T only</td>
</tr>
<tr>
<td>15.4</td>
<td>Approved PO</td>
</tr>
<tr>
<td>15.5</td>
<td>Inspection and Acceptance Report</td>
</tr>
<tr>
<td>15.6</td>
<td>Attendance Sheet</td>
</tr>
<tr>
<td>15.7</td>
<td>Official Receipt/ Sales Invoice</td>
</tr>
<tr>
<td>15.8</td>
<td>OBR/BUR for GF/RF</td>
</tr>
<tr>
<td>15.9</td>
<td>Other documents that may be required based on succeeding COA updates and management memoranda</td>
</tr>
</tbody>
</table>

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

______________________________________
(Signature Over Printed Name)

_______________________________________
(DATE)

---

## 16. CHECKLIST FOR: REIMBURSEMENT/PAYMENT OF SUPPLIES AND EQUIPMENT & VEHICLE MAINTENANCE – DIRECT CONTRACTING MODE

**Note:** Always prepare DV in 3 copies

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1</td>
<td>PR</td>
</tr>
<tr>
<td>16.2</td>
<td>Approved PO</td>
</tr>
<tr>
<td>16.3</td>
<td>Approved Request for Direct Contracting</td>
</tr>
<tr>
<td>16.4</td>
<td>Inspection and Acceptance Report</td>
</tr>
<tr>
<td>16.5</td>
<td>ARE/ICS</td>
</tr>
<tr>
<td>16.6</td>
<td>Pre-Post Inspection report for repairs</td>
</tr>
<tr>
<td>16.7</td>
<td>Waste Material Report for replacement of parts</td>
</tr>
<tr>
<td>16.8</td>
<td>Official Receipt/Sales Invoice</td>
</tr>
<tr>
<td>16.9</td>
<td>Other documents that may be required based on succeeding COA updates and management memoranda</td>
</tr>
</tbody>
</table>

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

______________________________________
(Signature Over Printed Name)

_______________________________________
(DATE)

---

## 17. CHECKLIST FOR: REIMBURSEMENT/PAYMENT OF SUPPLIES AND EQUIPMENT & VEHICLE MAINTENANCE – EMERGENCY PURCHASE

**Note:** Always prepare DV in 3 copies

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17.1</td>
<td>Justification approved by VCA</td>
</tr>
<tr>
<td>17.2</td>
<td>3 RQs and AOQ</td>
</tr>
<tr>
<td>17.3</td>
<td>Inspection and Acceptance Report</td>
</tr>
<tr>
<td>17.4</td>
<td>Official Receipt/Sales Invoice</td>
</tr>
<tr>
<td>17.5</td>
<td>Post repair inspection in case with services/labor</td>
</tr>
<tr>
<td>17.6</td>
<td>Report of waste material for replacement of parts</td>
</tr>
<tr>
<td>17.7</td>
<td>Other documents that may be required based on succeeding COA updates and management memoranda</td>
</tr>
<tr>
<td>17.8</td>
<td>OBR/BUR for GF/RF</td>
</tr>
</tbody>
</table>

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

______________________________________
(Signature Over Printed Name)

_______________________________________
(DATE)
UNIT: __________________________________________

18. CHECKLIST FOR: REIMBURSEMENT/PAYMENT OF SUPPLIES AND EQUIPMENT & VEHICLE MAINTENANCE – PUBLIC BIDDING

Note: Always prepare DV in 3 copies

☐ 18.1 Purchase Request
☐ 18.2 Approved PO
☐ 18.3 Summary of Public Bidding
☐ 18.4 BAC Resolution Declaring LCRB and recommending approval
☐ 18.5 Acknowledgement Receipt (ARE) for Equipment/ICS for Supplies
☐ 18.6 IAR
☐ 18.7 Waste Material Report for replace of parts
☐ 18.9 Official Receipt/Sales invoice
☐ 18.10 OBR/BUR for GF/RF
☐ 18.11 Other documents that may be required based on succeeding COA updates and management memoranda

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

______________________________________
(Signature Over Printed Name)

_______________________________________
(DATE)

UNIT: __________________________________________

19. CHECKLIST FOR: REIMBURSEMENT OF TRAVELLING EXPENSE

Note: Always prepare DV in 3 copies

☐ 19.1 Approved travel request
☐ 19.2 Itinerary of travel
☐ 19.3 Certificate of travel completed for more than 1 day of travel
☐ 19.4 Memorandum for permission to travel (for seminars, conference)
☐ 19.5 Official Receipts
☐ 19.6 Certificate of Appearance/Attendance
☐ 19.7 Official Receipts if destination is within 50km radius from official station (max allowable per diem is P80/unit)
☐ 19.8 OBR/BUR for GF/RF
☐ 19.9 Other documents that may be required based on succeeding COA updates and management memoranda

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

______________________________________
(Signature Over Printed Name)

_______________________________________
(DATE)

UNIT: __________________________________________

20. CHECKLIST FOR: CASH ADVANCE FOR TRAVEL

Note: Always prepare DV in 3 copies

☐ 20.1 Approved Travel Request
☐ 20.2 Itinerary of travel
☐ 20.3 Promissory Note
☐ 20.4 Memorandum for permission to travel (for Training, Seminar, Conference)
☐ 20.5 OBR/BUR for GF/RF
☐ 20.6 Other documents that may be required based on succeeding COA updates and management memoranda

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

______________________________________
(Signature Over Printed Name)

_______________________________________
(DATE)
21. CHECKLIST FOR: CLOSING OF CASH ADVANCE FOR TRAVEL

Note: Always prepare DV in 3 copies

- 21.1 Copy of approved DV and Itinerary of travel.
- 21.2 Certificate of travel completed
- 21.3 Memorandum for permission to travel (for training, seminars, conferences, etc.)
- 21.4 Official Receipts
- 21.5 Certificate of appearance/attendance
- 21.6 Actual Itinerary of travel
- 21.7 TR if there is any change in the approved itinerary of travel
- 21.8 OBR/BUR for GF/RF if with reimbursement
- 21.9 Other documents that may be required based on succeeding COA updates and management memoranda

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

(Signature Over Printed Name)

(Date)

UNIT: _______________________

22. CHECKLIST FOR: REIMBURSEMENT OF PLDT, MERACLO AND OTHER UTILITIES

Note: Always prepare DV in 3 copies

- 22.1 Copy of bill/statement of account if for payment
- 22.2 List of outgoing calls for PLDT & other Communication companies
- 22.3 Certification on official outgoing calls for PLDT and other companies
- 22.4 Official Receipt for reimbursement or OR issued by the Cashier’s Office for personal calls
- 22.5 OBR/BUR for GF/RF
- 22.6 Other documents that may be required based on succeeding COA updates and management memoranda
- 22.7 Acceptance report if for reimbursement (IAR)

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

(Signature Over Printed Name)

(Date)

UNIT: _______________________

23. CHECKLIST FOR: CASH ADVANCE FOR SUPPLIES, EQUIPMENT AND SERVICES

Note: Always prepare DV in 3 copies

- 23.1 Approved PR
- 23.2 Promissory Note
- 23.3 Authority to cash advance
- 23.4 OBR/BUR for GF/RF
- 23.5 Other documents that may be required based on succeeding COA updates and management memoranda

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

(Signature Over Printed Name)

(Date)
24. CHECKLIST FOR: REIMBURSEMENT/PAYMENT OF VEHICLE RENTAL FOR P10,001 & ABOVE

Note: Always prepare DV in 3 copies

☐ 24.1 Official Receipts/Invoice
☐ 24.2 Copy of Approved TR
☐ 24.3 Certificate of Appearance
☐ 24.4 PR with BAC action and approval
☐ 24.5 3 Request of Quotations & AOQ (Stamped & Signed by SPMO for more than P50T)
☐ 24.6 Justification for hiring
☐ 24.7 List of passengers
☐ 24.8 Other documents that may be required based on succeeding COA updates and management memoranda
☐ 24.9 OBR/BUR for GF/RF

I hereby certify that I have attached and reviewed as to the completeness of all the required supporting documents as enumerated in the checklist.

______________________________________
(Signature Over Printed Name)

______________________________________
(DATE)
PURCHASE ORDER/ PURCHASE REQUEST/ JOB CONTRACTS

1. Receiving Clerk - Receives, numbers and records
2. Fund Controller - Obligates, records and journalizes
3. Chief Accountant - Certifies fund availability
4. Approving Official

PAYMENT TO SUPPLIERS/ CREDITORS

1. Receiving Clerk - Receives, numbers and records
2. Pre Audit - Verifies claim validity, checks computation, and completeness of supporting document
3. Fund Controller - Obligates, records and journalizes
4. Preparation and Printing - Prepares and prints certificate of withheld tax
5. Chief Accountant - Certifies fund availability
6. Approving Official
7. Cashiers Office

REIMBURSEMENT OF SUPPLIES & MATERIALS, EQUIPMENT, OTHER SERVICES, ETC.

1. Receiving Clerk - Receives, numbers and records
2. Pre Audit - Verifies claim validity, checks computation, and completeness of supporting document
3. Fund Controller - Obligates, records and journalizes
4. Preparation and Printing - Prepares and prints certificate of withheld tax
5. Chief Accountant - Certifies fund availability
6. Approving Official
7. Cashiers Office

REIMBURSEMENT OF TRAVEL EXPENSE

1. Receiving Clerk - Receives, numbers and records
2. Pre Audit - Verifies claim validity, checks computation, and completeness of supporting document
3. Fund Controller - Obligates, records and journalizes
4. Preparation and Printing - Prepares and prints certificate of withheld tax
5. Chief Accountant - Certifies fund availability
6. Approving Official
7. Cashiers Office

CASH ADVANCE FOR TRAVEL ITINERARY

1. Receiving Clerk - Receives, numbers and records
2. Pre Audit - Verifies claim validity, checks computation, and completeness of supporting document
3. Fund Controller - Obligates, records and journalizes
4. Preparation and Printing - Prepares and prints certificate of withheld tax
5. Chief Accountant - Certifies fund availability
6. Approving Official
7. Cashiers Office

CASH ADVANCE FOR SUPPLIES & MATERIALS, OTHER SERVICES, ETC.

1. Receiving Clerk - Receives, numbers and records
2. Pre Audit - Verifies claim validity, checks computation, and completeness of supporting document
3. Fund Controller - Obligates, records and journalizes
4. Preparation and Printing - Prepares and prints certificate of withheld tax
5. Chief Accountant - Certifies fund availability
6. Approving Official
7. Cashiers Office

PAYMENT OF SERVICES OF NGWs

1. Receiving Clerk - Receives, numbers and records
2. Pre Audit - Verifies claim validity, checks computation, and completeness of supporting document
3. Fund Controller - Obligates, records and journalizes
4. Preparation and Printing - Prepares and prints certificate of withheld tax
5. Chief Accountant - Certifies fund availability
6. Approving Official
7. Cashiers Office

PAYMENT OF SERVICES FOR PAKYAW/ INFRA CONTRACT

1. Receiving Clerk - Receives, numbers and records
2. Pre Audit - Verifies claim validity, checks computation, and completeness of supporting document
3. Fund Controller - Obligates, records and journalizes
4. Preparation and Printing - Prepares and prints certificate of withheld tax
5. Chief Accountant - Certifies fund availability
6. Approving Official
7. Cashiers Office

CLAIMS FOR HONORARIA OVERLOAD, STUDENT & GRADUATE ASSISTANT

1. Receiving Clerk - Receives, numbers and records
2. Pre Audit - Verifies claim validity, checks computation, and completeness of supporting document
3. Fund Controller - Obligates, records and journalizes
4. Preparation and Printing - Prepares and prints certificate of withheld tax
5. Chief Accountant - Certifies fund availability
6. Approving Official
7. Cashiers Office