



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**QUALITY PROCEDURE**

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<b>16</b>	<b>PROCESSING AND PAYMENT OF CLAIMS</b>
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**Scope:**

This process starts from the receipt of the claim by the Budget Division up to the release of LDDAP-ADA/ ACIC to LBP *or notification to claimant for the release of check.*

**Description of Service:**

To facilitate the processing and payment of various claims through LDDAP-ADA or the issuance of checks in accordance with accounting and auditing rules and regulations.

**Office:**

**FINANCIAL AND MANAGEMENT SERVICE, ADMINISTRATIVE SERVICE-CASH SECTION,  
REGIONAL OFFICES-FINANCIAL AND ADMINISTRATIVE DIVISION  
PROVINCIAL OFFICES, HIGHLY URBANIZED CITIES and Authorized INDEPENDENT COMPONENT CITIES**

No.	Client Action (detailed steps)	No.	Agency Action (detailed steps)	Activities	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
<b>A. CENTRAL OFFICE</b>						
1	Submit a copy of ORS/BURS and DV with corresponding Documentary Requirements depending on the type of claim	1.1	Receive and check the Obligation Request & Status (ORS)/Budget Utilization Request and Status (BURS) and Disbursement voucher (DV) with corresponding attachment based on the checklist of Documentary Requirements. If incomplete, return/notify the client for appropriate action.	<ul style="list-style-type: none"> <li>Receive and check the ORS/BURS and DV for the completeness of the data fields and supporting documents based on the checklist of Documentary Requirements then check against the encoded details in the Document Management System (DMS) and record ORS/BURS details in the Processing and Payment of Claims Monitoring Log Sheet.</li> <li>For returned ORS/BURS, indicate the date received in the Processing</li> </ul>	Receiving Clerk	<ul style="list-style-type: none"> <li>ORS/BURS and DV with supporting documents</li> <li>Checklist of Documentary Requirements</li> <li>Processing and Payment of Claims Monitoring Log Sheet</li> <li>Logbook/ Document</li> </ul>



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				and Payment of Claims Monitoring Log Sheet.  <b>Note:</b> Remittances, <i>refunds</i> , and other payables <i>that do not require</i> ORS/BURS please proceed to Step 1.6.		Management System
		1.2	Review and process the ORS/BURS	<ul style="list-style-type: none"> <li>Review and validate the accuracy/appropriateness of the supporting documents.</li> <li>Allocate funds by verifying against the availability of funds then assign UACS Object Code.</li> <li>Encode the ORS/BURS details in the Financial Reporting System (FRS) for the system-generated ORS number for appropriate action.</li> </ul>	Budget Officer	<ul style="list-style-type: none"> <li>ORS/BURS and DV with supporting documents</li> <li>Checklist of Documentary Requirements</li> <li>Financial Reporting System (FRS)</li> </ul>
		1.3	Validate the correctness and accuracy of the processed ORS/BURS	<ul style="list-style-type: none"> <li>Review and validate the processed ORS/BURS against encoded details in the FRS.</li> <li>Initially approve the ORS/BURS in the FRS (initial <i>approval</i> portion) and affix the initial in Box B of ORS/BURS (physical copy).</li> </ul>	Designated Approver Initial	<ul style="list-style-type: none"> <li>ORS/BURS and DV with supporting documents</li> <li>Financial Reporting System</li> </ul>



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				<ul style="list-style-type: none"> <li>If there are noted discrepancies, return to the assigned Budget Officer for appropriate action.</li> </ul>		
		1.4	Certify the availability of allotment and obligation	<ul style="list-style-type: none"> <li>Approve the ORS/BURS in the FRS and sign the Box B of the ORS (physical copy) to certify that allotment is available and the claims obligated are for its deemed purpose.</li> </ul>	Division Chief	<ul style="list-style-type: none"> <li>ORS/BURS and DV with supporting documents</li> </ul>
		1.5	Retain Records and Release the Approved ORS/BURS to the Accounting Division or AS- Procurement Section.	<ul style="list-style-type: none"> <li>Detach the original signed copy of the ORS/BURS for filing</li> <li>Update the Processing and Payment of Claims Monitoring Log-sheet and retain records in accordance with the Control of Retained Documented Information Procedure and the Master List of Retained Documented Information.</li> </ul>	Administrative Officers II/IV  Releasing Officer	<ul style="list-style-type: none"> <li>ORS/BURS and DV with supporting documents</li> <li>Processing and Payment of Claims Monitoring Log Sheet</li> <li>Control of Retained Documented</li> </ul>

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				<ul style="list-style-type: none"> <li>Forward the Approved ORS with supporting documents to the Releasing Officer for release to the Accounting Division or AS-Procurement Management Division through DMS together with the physical copy.</li> </ul>		Information Procedure  <ul style="list-style-type: none"> <li>Master List of Retained Documented Information</li> </ul>
		1.6	Receive disbursement vouchers and supporting documents.	<p><i>This document is UNCONTROLLED when DOWNLOADED and/or PRINTED. Always refer to the Documented Information Management System for the Controlled Copy</i></p> <ul style="list-style-type: none"> <li>Receive the DV with the supporting documents, check against the details in the Document Management System (DMS), generate DV No. from the Financial Reporting System, and record/update the details in the Processing and Payment of Claims Monitoring Log Sheet.</li> <li>Forward to the Accounting personnel to assign processor.</li> </ul> <p>If returned disbursement voucher from the claimant, update the details of the disbursement voucher in the Processing and Payment of Claims Monitoring Log Sheet and return it to the original processor.</p>	Receiving Clerk	<ul style="list-style-type: none"> <li>Disbursement Voucher with ORS and other supporting documents</li> <li>Processing and Payment of Claims Monitoring Log Sheet</li> </ul>
		1.7	Accomplish Individual Index of Payment Card and Assign processor	<ul style="list-style-type: none"> <li>Attach the IIP card. Then, assign the disbursement voucher to the processor and update the Processing</li> </ul>	Assigned Action Officer	<ul style="list-style-type: none"> <li>IIP Card</li> <li>Disbursement Voucher with ORS</li> </ul>



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				<i>and Payment of Claims Monitoring Log-sheet.</i>		and other supporting documents
		1.8	Process disbursement voucher. If the supporting documents are found incomplete/inappropriate/invalid, return to the concerned claimant for appropriate action.	<ul style="list-style-type: none"> <li>Review the completeness and appropriateness of supporting documents and their compliance with the auditing and accounting rules and regulations.</li> <li>If found in order, accomplish Box B of the disbursement voucher, record the details of the claim on the Individual Index of Payment (IIP) Card and update the needed details in the Financial Reporting System and Processing and Payment of Claims Monitoring Log Sheet.</li> <li>If there are adjustments in the Obligation Request and Status or Budget Utilization Request and Status, prepare Notice of Obligation Request and Status Adjustment (NORSA) or Notice of Budget Utilization Request and Status Adjustment (NBURSA), attach one (1) copy of the ORS/BURS and forward to assigned action officer for consolidation upon approval.</li> </ul>	Processor	<ul style="list-style-type: none"> <li>Disbursement Voucher with ORS and other supporting documents</li> <li>Individual Index of Payment Card</li> <li>Financial Reporting System</li> <li>Processing and Payment of Claims Monitoring Log Sheet</li> <li>Checklist of Documentary Requirements</li> <li>NORSA</li> </ul>



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				<ul style="list-style-type: none"> <li>Forward the consolidated NORS/NBURSA to the Budget Division for reconciliation.</li> <li>Forward the processed DV to the assigned action officer for cash allocation.</li> </ul> <p>Note: If accounts payable, forward the documents to the Chief of the Disbursement Section/Assistant Chief Accountant/Chief Accountant for approval.</p>		
		1.9	Verify Availability of Cash	<ul style="list-style-type: none"> <li>Update details in the Financial Reporting System and indicate the Notice of Cash Allocation (NCA) number in the disbursement voucher.</li> <li>For accounts payable, allocate cash if there are available funds. Else, prepare a request for additional Notice of Cash Allocation (NCA) for accounts payable to be submitted to the Department of Budget and Management and wait for the release.</li> </ul>	Assigned Action Officer	<ul style="list-style-type: none"> <li>Disbursement Voucher with ORS and other supporting documents</li> <li>Electronic NCA monitoring sheet (Financial Reporting System)</li> </ul>



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		1.10	Review and approve processed disbursement voucher.	<ul style="list-style-type: none"> <li>Review the claim as to the completeness of the supporting documents, accuracy in the computation of the claim, correctness of the entries in Box B of the disbursement voucher and IIP card as well as the details on the Financial Reporting System.</li> <li>For any discrepancies/errors, return the claim (<i>physical copy and in the FRS</i>) to the concerned processor for appropriate action.</li> <li>If found in order, <i>approve Box C of the physical copy of the DV and in the Financial Reporting System.</i></li> </ul> <p>Note: The Chief of the Disbursement Section is only authorized to sign the claim if the amount is Php 200,000.00 and below. If above Php 200,000.00, affix the initial on Box C of the DV and forward to the Assistant Chief Accountant or Chief Accountant for approval.</p>	Chief, Disbursement Section; Assistant Chief Accountant; Chief Accountant	<ul style="list-style-type: none"> <li>Disbursement Voucher with ORS and other supporting documents</li> <li>Financial Reporting System</li> <li>Department Order/Service Order</li> </ul>
		1.11	Release approved disbursement vouchers to Cash Section or to	<ul style="list-style-type: none"> <li>Forward to Cash Section the approved and signed disbursement vouchers for check or LDDAP-ADA</li> </ul>	Releasing Clerk	<ul style="list-style-type: none"> <li>Disbursement Voucher with ORS and other</li> </ul>



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			Approving Officials and Retain Records	<p>preparation or to approving officials for the signing of Box D of the disbursement voucher and forward <i>as well the records/file encoded in the DMS to the respective assigned receiving staff of the other operating units.</i></p> <ul style="list-style-type: none"> <li>Update the Processing and Payment of Claims 0020gMonitoring Log Sheet and retain records in accordance with the Control of Retained Documented Information Procedure and the Master List of Retained Documented Information</li> </ul>	Process Owner	<p>supporting documents</p> <ul style="list-style-type: none"> <li>Cash Section Vouchers Logbook</li> <li>For Signature Vouchers Logbook</li> <li>Process Summary Logsheets</li> <li>SP-02 Control of Records Procedure</li> <li>Master List of Retained Documented Information</li> </ul>
		1.12	Prepare LDDAP-ADA (List of Due and Demandable Accounts Payable-Advice to Debit Account) or Check	<ul style="list-style-type: none"> <li>Receive, record to logbook and check the DV as to the completeness of the signatures.</li> <li>Encode in the CheckADARec maintained per bank account and indicate the updated balance of NCA/NTA for MDS and Trust Accounts.</li> </ul>	Designated Personnel	<ul style="list-style-type: none"> <li>Disbursement Voucher with ORS and other supporting documents</li> <li>Logbook</li> <li>Check/ADA Disbursement Record</li> </ul>



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				<ul style="list-style-type: none"> <li>Determine the mode of payment whether through Direct Payment Scheme (LDDAP-ADA) or issuance of Check.</li> <li><b>For LDDAP-ADA:</b> <ul style="list-style-type: none"> <li>Prepare LDDAP-ADA through the Disbursement Module of FRS or LBP eMDS portal, after verifying all the details and found in order.</li> <li>Then record/update the details of the payment in the FRS.</li> </ul> </li> <li>Prepare a separate LDDAP-ADA for payees with Land Bank Accounts, and for accounts maintained in other banks (BPI, Metro Bank, others).</li> <li><b>For Check:</b> <ul style="list-style-type: none"> <li>Prepare the corresponding check and update the information in the FRS.</li> </ul> </li> <li>Record in the Check Registry.</li> </ul>		<ul style="list-style-type: none"> <li>Master List of Payees Bank Account</li> <li>Notice of Cash Allocation</li> <li>LDDAP-ADA</li> <li>MDS/Commercial Check</li> <li>Check Registry</li> <li><a href="https://www.lbpemds.com">https://www.lbpemds.com</a></li> </ul>
		1.13	Review and approve LDDAP-ADA or Check	<ul style="list-style-type: none"> <li>Check the accuracy of entries in the LDDAP-ADA as indicated in the approved DV such as the payee, bank account details, gross amount, total deductions, if any and the net amount to be credited. If found in</li> </ul>	Cashier	<ul style="list-style-type: none"> <li>LDDAP-ADA</li> <li>MDS/Commercial Check</li> <li>Logbook</li> </ul>

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				<p>order affix initial. <i>For eMDS, verify the accuracy of the online transaction and if found correct, approve, confirm, and generate the Acknowledgement Receipt as proof of payment.</i></p> <ul style="list-style-type: none"> <li>Route all reviewed original LDDAP-ADAs and Checks with supporting documents to designated signatories</li> </ul>	<p>Designated Personnel; Authorized Signatories</p> <p>Designated Personnel</p>	<ul style="list-style-type: none"> <li>Comprehensive Delegation Authority of</li> <li>LDDAP-IC</li> <li>LBP eMDS</li> </ul>
		1.14	Prepare and Approve Advice of Checks Issued (ACIC), <i>Summary of LDDAP-ADA Issued and Invalidated ADA Entries (SLIIE)</i> and Financial Data Entry System (FinDES)	<ul style="list-style-type: none"> <li>Prepare LDDAP-ACIC, <i>SLIIE (Summary of LDDAP-ADA Issued and Invalidated ADA Entries)</i>, Financial Data Entry System (FinDES), and Advice of Checks Issued.</li> <li>Review and verify the accuracy of entries of the FinDES, LDDAP-ACIC, <i>SLIIE</i>, and Advice of Checks Issued as to name of payee, bank name, account number and the net amount to be credited.</li> </ul>	<p>Cashier/Disbursing Officer</p> <p>Cashier</p>	<ul style="list-style-type: none"> <li>LDDAP-ADA</li> <li>MDS/Commercial Check</li> <li>FinDES</li> <li><i>SLIIE</i></li> <li>Office Circular No. 2013-04 dated 12-23-13</li> </ul>

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						<ul style="list-style-type: none"> <li>Master List of Retained Documented Information</li> </ul>
<b>B. REGIONAL OFFICES</b>						
1	Submit a copy of ORS/BURS and DV with corresponding Documentary Requirements depending on the type of claim	1.1	Receive and check the ORS/BURS with DV and other supporting documents. If incomplete, return/notify the client for appropriate action.	<ul style="list-style-type: none"> <li>Receive and check the ORS/BURS and DV for the completeness of the data fields and supporting documents based on the checklist of Documentary Requirements then check against the encoded details in the Document Management System (DMS) and record ORS/BURS details in the Processing and Payment of Claims Monitoring Log Sheet.</li> <li>For returned ORS/BURS, indicate the date received in the Processing and Payment of Claims Monitoring Log Sheet.</li> </ul> <p>Note: Remittances, <i>refunds</i>, and other payables <i>that do not require</i> ORS/BURS. Please proceed to Step 1.3.</p>	Budget Staff/ Budget Officer	<ul style="list-style-type: none"> <li>ORS/BURS and DV with supporting documents</li> <li>Processing and Payment of Claims Checklist</li> <li>Processing and Payment of Claims Monitoring Log Sheet</li> <li>Logbook/ Document Management System, if applicable</li> </ul>
		1.2	Review and approve ORS/BURS	<ul style="list-style-type: none"> <li>Check the completeness of the supporting documents.</li> <li>Allocate funds by verifying against the availability of funds then assign UACS Object Code, <i>encode in the FRS</i></li> </ul>	Budget Staff/Officer	<ul style="list-style-type: none"> <li>ORS/BURS and DV with supporting documents</li> </ul>



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				<p><i>to generate ORS/BURS No. and record ORS/BURS details in the Processing and Payment of Claims Monitoring Log Sheet.</i></p> <ul style="list-style-type: none"> <li>Approve ORS/BURS in the FRS and sign Box B of the ORS/BURS (physical copy) to certify that allotment is available and the claims obligated are for its deemed purpose.</li> <li>Retain the original copy of the ORS/BURS.</li> <li>Forward the Approved ORS/BURS and DV with supporting documents to the Accounting Section.</li> </ul>		<ul style="list-style-type: none"> <li>Checklist of Documentary Requirements</li> </ul>
		1.3	Process and control of DVs	<ul style="list-style-type: none"> <li>Receive the DV with ORS/BURS or DV only for remittances with supporting documents.</li> <li>Review the completeness and appropriateness of supporting documents and their compliance with auditing and accounting rules and regulations.</li> <li>If found in order, assign DV No. and update the details in the FRS and Processing and Payment of Claims Monitoring Log Sheet, <i>accomplish</i></li> </ul>	Accounting Staff	<ul style="list-style-type: none"> <li>DV and/or DV with ORS/BURS and supporting documents</li> <li>DV Control File</li> <li>Processing and Payment of Claims Monitoring Logsheet</li> </ul>



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				<p><i>Box B of the disbursement voucher, and record the details of the claim on the Index of Payment (IP).</i></p> <ul style="list-style-type: none"> <li>If the supporting documents are found incomplete/inappropriate/invalid, return/notify the concerned claimant for appropriate action.</li> </ul>		<ul style="list-style-type: none"> <li>Index of Payment</li> <li>Logbook/DMS</li> </ul>
		1.4	<p>Certify availability of NCA</p> <p>If there are lacking documents on the attached claim, return to the operating/requesting unit or Field Office.</p>	<ul style="list-style-type: none"> <li>Review DV as to the completeness of the supporting documents, accuracy in the computation of the claim, and the correctness of the entries in Box B of the DV, Index of Payment, and availability of cash. If found in order, sign Box C of DV and update (approve in) the FRS</li> <li>Forward to Approving Authorities.</li> <li>Update the Processing and Payment Monitoring Log Sheet.</li> <li>For any discrepancies/errors, return/ inform the concerned processor for appropriate action.</li> </ul>	Regional Accountant	<ul style="list-style-type: none"> <li>DV and/or DV with ORS/BURS and supporting documents</li> </ul>



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		1.5	Approval of DV  In case of additional clarification, return DV to the concerned officer/office.	<ul style="list-style-type: none"> <li>Receive and record the DV in the logbook.</li> <li>Sign the Box D portion of the DV.</li> <li>Forward to Cash Section/Unit for the preparation of LDDAP-ADA/Check, Advice, and ACIC.</li> <li>In case of additional clarification, return DV to concerned officer/office</li> </ul>	Designated Personnel  Regional Director/ ARD  Designated Personnel	<ul style="list-style-type: none"> <li>DV and/or DV with ORS/BURS and supporting documents</li> <li>Logbook/DMS</li> </ul>
		1.6	Prepare LDDAP-ADA (List of Due and Demandable Accounts Payable-Advice to Debit Account) or Check	<ul style="list-style-type: none"> <li>Receive and check the completeness of the DV and update the Processing and Payment of Claims Monitoring Log Sheet.</li> <li>Determine the mode of payment whether through Direct Payment Scheme (LDDAP-ADA) or issuance of Check.</li> </ul> <p><b>For LDDAP-ADA:</b></p> <ul style="list-style-type: none"> <li>Prepare LDDAP-ADA through the Disbursement Module of FRS or LBP eMDS portal, after verifying all the details and found in order.</li> </ul>	Designated Personnel	<ul style="list-style-type: none"> <li>DV and/or DV with ORS/BURS and supporting documents</li> <li>Logbook</li> <li>Check/ADA Disbursement Record</li> <li>Master list of Payees Bank Account</li> </ul>



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				<ul style="list-style-type: none"> <li>Then record/update the details of the payment in the FRS.</li> <li>For Check: <ul style="list-style-type: none"> <li>Prepare the corresponding check and update the information in the FRS.</li> <li>Record in the Check Registry.</li> <li>Encode in the CheckADAR maintained per bank account and indicate the updated balance of NCA/NTA for MDS and Trust Accounts.</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>Notice of Cash Allocation</li> <li>LDDAP-ADA</li> <li>DBM Circular letter 2018-14 dated 12-28-18</li> <li>MDS/Commercial Check</li> <li>Check Registry</li> <li>Circular Letter 2020-19 dated July 14, 2020 (Comprehensive Delegation of Authority)</li> <li>GAM for NGAs Vol.1 page 69</li> </ul>

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT PROCESSING AND PAYMENT OF CLAIMS CHECKLIST			
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PAYROLL FUND FOR SALARIES, WAGES, ALLOWANCES, HONORARIA AND OTHER SIMILAR EXPENSES			
Required Documents	Claimant	Budget	Accounting
1 Authority of the accountable officer issued by the Head of Agency or his duly authorized representative indicating the maximum accountability and purpose of cash advance (for initial cash advance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certification from the Accountant that previous cash advances have been liquidated and accounted for in the books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved application for bond and/or Fidelity Bond for the year for cash accountability of Php 2,000.00 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Approved contracts (for initial payment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Approved payroll or list of payees indicating their net payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approval/authority (presidential directive or legislative enactment) or legal basis to pay any allowance/salaries/wages/fringe benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Daily Time Record (DTR) approved by the supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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UTHORIZATION



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**QUALITY PROCEDURE**

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				<p>Check. For eMDS, verify the accuracy of the online transaction, and if found correct, approve, confirm, and generate the Acknowledgement Receipt as proof of payment.</p> <ul style="list-style-type: none"> <li>Route all reviewed original LDDAP-ADAs and Checks with supporting documents to designated signatories</li> <li>Sign LDDAP-ADAs/Checks</li> <li>Return original documents to Cash Section.</li> <li>Update the Processing and Payment of Claims Monitoring Log Sheet.</li> </ul>	<p>Designated Personnel</p> <p>Authorized Signatories</p> <p>Designated Personnel</p>	<ul style="list-style-type: none"> <li>(Check/Warrant Registry)</li> <li>Comprehensive Delegation of Authority</li> <li>Processing and Payment of Claims Monitoring Log Sheet</li> </ul>
		1.8	Prepare and Approve Advice of Checks Issued (ACIC), Summary of LDDAP-ADA Issued and Invalidated ADA Entries (SLIIE) and Financial Data Entry System (FinDES)	<ul style="list-style-type: none"> <li>Prepare LDDAP-ACIC, SLIIE (Summary of LDDAP-ADA Issued and Invalidated ADA Entries), Financial Data Entry System (FinDES), and Advice of Checks Issued.</li> <li>Review and verify the accuracy of entries of the FinDES, LDDAP-ACIC, SLIIE, and Advice of Checks Issued as to name of the payee, bank name,</li> </ul>	<p>Cashier/ Officer      Disbursing</p> <p>Cashier</p>	<ul style="list-style-type: none"> <li>LDDAP-ADA</li> <li>MDS/Commercial Check</li> <li>FinDES</li> <li>SLIIE</li> </ul>



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				<p>account number and the net amount to be credited.</p> <ul style="list-style-type: none"> <li>Sign the Advice of Checks Issued, LDDAP-ACIC, <i>SLIIE</i> and FinDES</li> </ul>	Authorized Signatories	<ul style="list-style-type: none"> <li>Office Circular No. 2013-04 dated 12-23-13</li> </ul>
2	Receive payment through direct credit to payee's bank account or through Check.	2.1	Transmit the approved LDDAP-ADA, Check Advice, LDDAP-ACIC, <i>SLIIE</i> , and FinDES to Land Bank.	<p><i>This document is UNCONTROLLED when DOWNLOADED and/or PRINTED. Always refer to the Documented Information Management System for the Controlled Copy.</i></p> <ul style="list-style-type: none"> <li>Transmit the approved LDDAP-ADA, Advice of Checks Issued, LDDAP-ACIC, <i>SLIIE</i>, and FinDES to Land Bank for crediting to payees specific bank accounts.</li> <li><b>Note:</b> Inform the claimant and release the check to the payee upon presentation of valid identification.</li> <li>Administer Customer Satisfaction Survey.</li> <li>Report the CSS Result in accordance with the Client Satisfaction Measurement Procedure.</li> <li>Update the Processing and Payment of Claims Monitoring Log Sheet and the Process Summary Log Sheet and retain records in accordance with the Control of Retained Documented Information Procedure and the Master List of Retained Documented Information</li> </ul>	<p>Designated Personnel</p> <p>Any Available Cash Section Staff/ Disbursing Officer</p> <p>Cash Section Staff/ Disbursing Officer</p>	<ul style="list-style-type: none"> <li>LDDAP-ADA/LDDAP-ACIC</li> <li><i>SLIIE</i></li> <li>Check Advice</li> <li>FinDES</li> <li>Disbursement Voucher</li> <li>Check Register</li> <li><i>CSS Form</i></li> <li><i>CSS Data Sheet</i></li> <li><i>Client Satisfaction Report</i></li> <li><i>SP: Client Satisfaction Measurement Procedure</i></li> <li>Processing and Payment of Claims Monitoring Log Sheet</li> </ul>





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		1.2	Process and control of DVs	<ul style="list-style-type: none"> <li>Receive the DV with supporting documents.</li> <li>Review the completeness and appropriateness of supporting documents and their compliance with auditing and accounting rules and regulations.</li> <li>If found in order, assign DV No. and update the Processing and Payment of Claims Monitoring Log Sheet, accomplish Box B of the disbursement voucher, and record the details of the claim on the Index of Payment (IP).</li> <li>If the supporting documents are found incomplete/inappropriate/invalid, return/notify the concerned claimant for appropriate action.</li> </ul>	Accounting Clerk	<ul style="list-style-type: none"> <li>DV with supporting documents</li> <li>DV Control File</li> <li>Processing and Payment of Claims Monitoring Log-sheet</li> <li>Index of Payment</li> <li>Logbook/DMS</li> </ul>
		1.3	Certify availability of NCA  If there are lacking documents on the attached claim, return to the operating/requesting unit or Field Office.	<ul style="list-style-type: none"> <li>Review DV as to the completeness of the supporting documents, accuracy in the computation of the claim and the correctness of the entries in Box B of the DV, Index of Payment, and availability of cash. If found in order, sign Box C of DV</li> <li>Forward to Approving Authorities.</li> </ul>	Accounting Clerk	<ul style="list-style-type: none"> <li>DV with supporting documents</li> <li>Processing and Payment of Claims Monitoring Log-sheet</li> </ul>



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				<ul style="list-style-type: none"> <li>Update the Processing and Payment Monitoring Log Sheet.</li> <li>For any discrepancies/errors, return/ inform the concerned processor for appropriate action.</li> </ul>		
		1.4	Approval of DV  In case of additional clarification, return DV to the concerned officer/office.	<ul style="list-style-type: none"> <li>Receive and record the DV in the logbook.</li> <li>Sign the Box D portion of the DV.</li> <li>Forward to Cash/Finance Section/Unit/Disbursing Officer for the preparation of LDDAP-ADA/Check Advice and ACIC.</li> <li>In case of additional clarification, return the DV to the concerned officer/office</li> </ul>	Designated Personnel  Provincial Director/City Director  Designated Personnel	<ul style="list-style-type: none"> <li>DV with supporting documents</li> <li>Logbook</li> </ul>
		1.5	Prepare LDDAP-ADA/ADA (List of Due and Demandable Accounts Payable-Advice to Debit Account) or Check	<ul style="list-style-type: none"> <li>Receive and check the completeness of the DV and update the Processing and Payment of Claims Monitoring Log Sheet.</li> </ul>	Disbursing Officer	<ul style="list-style-type: none"> <li>DV with supporting documents</li> <li>Logbook</li> </ul>



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				<ul style="list-style-type: none"> <li>Determine the mode of payment whether through Direct Payment Scheme (LDDAP-ADA/ADA) or issuance of Check.</li> <li><b>For LDDAP-ADA/ADA:</b></li> <li>Prepare LDDAP-ADA/ADA after verifying all the details and found in order.</li> <li><b>For Check:</b></li> <li>Prepare the corresponding check.</li> <li>Record in the Check Registry.</li> <li>Encode in the CheckADARec maintained per bank account and indicate the updated balance of NCA/NTA for MDS and Trust Accounts.</li> </ul>		<ul style="list-style-type: none"> <li>Check/ADA Disbursement Record</li> <li>Masterlist of Payees Bank Account</li> <li>Notice of Cash Allocation</li> <li>LDDAP-ADA /ADA</li> <li>Debit Memo</li> <li>DBM Circular letter 2018-14 dtd 12-28-18</li> <li>Commercial Check</li> <li>Check Registry</li> <li>Circular Letter 2020-19 dated July 14, 2020 (Comprehensive Delegation of Authority)</li> <li>GAM for NGAs Vol.1 page 69</li> </ul>





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				<ul style="list-style-type: none"> <li>Review and verify the accuracy of entries of the FinDES, LDDAP-ACIC, and Advice of Checks Issued as to name of payee, bank name, account number and the net amount to be credited.</li> <li>Sign the Advice of Checks Issued, LDDAP-ACIC and FinDES</li> </ul>	<p>Disbursing Officer</p> <p>Authorized Signatories</p>	<ul style="list-style-type: none"> <li>Office Circular No. 2013-04 dated 12-23-13</li> </ul>
	Receive payment through direct credit to the payee's bank account or through Check.	2.1	Transmit the approved LDDAP-ADA, Check Advice, LDDAP-ACIC, SLIIE, and FinDES to Land Bank.	<ul style="list-style-type: none"> <li>Transmit the approved LDDAP-ADA, Advice of Checks Issued, LDDAP-ACIC, SLIIE, and FinDES to Land Bank for crediting to payees specific bank accounts.</li> </ul> <p>Note: Inform the claimant and release the check to the payee upon presentation of valid identification.</p> <ul style="list-style-type: none"> <li>Administer Customer Satisfaction Survey.</li> <li>Report the CSS Result in accordance with the Client Satisfaction Measurement Procedure.</li> </ul> <p>Note: CSS for the Processing of Barangay Officials Death and Burial Assistance will be excluded from the</p>	<p>Designated Personnel</p> <p>Any Available Cash Section Staff/ Disbursing Officer</p> <p>Cash Section Staff/ Disbursing Officer</p>	<ul style="list-style-type: none"> <li>LDDAP-ADA/LDDAP-ACIC</li> <li>SLIIE</li> <li>Check Advice</li> <li>FinDES</li> <li>Disbursement Voucher</li> <li>Check Register</li> <li>CSS Form</li> <li>CSS Data Sheet</li> <li>Client Satisfaction Report</li> <li>SP: Client Satisfaction Measurement Procedure</li> <li>Processing and Payment of Claims</li> </ul>



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				<i>consolidation CSR of Processing and Payment of claims.</i> <ul style="list-style-type: none"> <li>Update the Processing and Payment of Claims Monitoring Log Sheet and the Process Summary Log Sheet and retain records in accordance with the Control of Retained Documented Information Procedure and the Master List of Retained Documented Information</li> </ul>		Monitoring Log Sheet  <ul style="list-style-type: none"> <li>Processing and Payment of Claims Summary Log Sheet</li> <li>Control of Retained Documented Information</li> <li>Master List of Retained Documented Information</li> </ul>
<b>End of Transaction</b>						

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**Definition of Terms:**

- **Notice of Cash Allocation (NCA)** –cash authority issued by the DBM to Central, Regional and Provincial offices and operating units to cover cash requirements of the agencies.
- **Advice of Checks Issued and Cancelled (ACIC)** – a report prepared and submitted at least daily by NGAs to the GSB to enable the payees to encash/negotiate the issued checks.
- **Advice to Debit Account (ADA)** – refers to an authorization issued by the NGA and serves as instruction to the GSB to debit a specified amount from its available Notice of Cash Allocation (NCA) balance under the regular MDS sub-account for payment of creditors/payees thru the Modified Direct Payment Scheme (MDPS).



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- **Check and Advice to Debit Account Disbursement Record (ChkADADRec)** – a form maintained by the Accountable Officer, by fund cluster, to record/monitor all checks drawn (MDS or Commercial) and LDDAP-ADAs issued during the day. Whether released or unreleased, checks/ADAs shall be recorded immediately and the NCA/Bank balance shall be extracted.
- **Financial Data Entry System (FinDES)** – a system devised by the GSB (Land Bank of the Philippines) enumerating the list of payees/creditors including bank account number and the net amount of the transmitted and approved LDDAP-ADA for crediting to the payees/creditors bank accounts.
- **Accounts Payable** - are obligations/commitments of national government agencies, whether current year and prior years, for which services have been rendered, goods have been delivered or projects have been completed and accepted.
- **Prior Year's Accounts Payable** - are those accounts payable which have been incurred and remained unpaid as of the end of the preceding year
- **Current Year's Accounts Payable** - are those accounts payable which have been incurred during the current year and remain unpaid before the end of the current year.
- **Government Servicing Bank (GSB)** – refer to authorized government banks such as Land Bank of the Philippines (LBP), Development Bank of the Philippines (DBP) and Philippine Veterans Bank (PVB) and others, to which DBM issues the NCAs for crediting to the MDS sub-accounts of NGAs.
- **List of Due and Demandable Accounts Payable Advice to Debit Account (LDDAP-ADA)** refers to an accountable form integrating the ADA with LDDAP which is a list reflecting the names of creditors/payees to be paid by NGA and corresponding amounts of their unpaid claims, duly certified and approved by the agency's authorized officials.
- **Report of ADA Issued (RADAI)** – a report used by the cashier to report daily or as often as necessary the disbursement made through ADA.

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# QUALITY OBJECTIVE (QO)

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OFFICE	DILG CENTRAL OFFICE - FINANCIAL AND MANAGEMENT SERVICE, ADMINISTRATIVE SERVICE / REGIONAL AND PROVINCIAL OFFICES
PROCEDURE TITLE	PROCESSING AND PAYMENT OF CLAIMS

Function	Key Performance Indicators (KPI)			Frequency of Monitoring Results	Responsible for Monitoring	Applicable Documents (e.g. Monitoring Log Sheet, Summary Log Sheet, Report, Memo, etc.)
	Objective	Target	Indicator/Formula (if applicable)			
To process the payment of claims	<ul style="list-style-type: none"> <li>% of Claims are processed and released to LBP( LDDAP-ADA/ACIC) or notified claimants <i>on the set timeline:</i>  <b>CO/ROs:</b> 6 working days upon receipt  <b>POs/HUCs/ICCs:</b> 4 working days upon receipt</li> </ul>	<ul style="list-style-type: none"> <li>80%</li> </ul>	<ul style="list-style-type: none"> <li>Total No. of claims processed and released to LBP( LDDAP-ADA/ ACIC) or notified claimants, 6 working days upon receipt / Total No. of Claims Released to LBP x 100</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Process Owners</li> </ul>	<ul style="list-style-type: none"> <li>Processing and Payment of Claims Process Summary Log Sheet</li> </ul>
	<ul style="list-style-type: none"> <li>% of the released Checks/LDDAP-ADA have <i>no</i> more than three (<math>\leq 3</math>) incidence of inaccuracies.</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>Total number of Checks/LDDAP-ADA with <i>no</i> more than three (<math>\leq 3</math>) incidence of inaccuracies / Total number of Checks/LDDAP-ADA released x 100</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Process Owners</li> </ul>	<ul style="list-style-type: none"> <li>Processing and Payment of Claims Process Summary Log Sheet</li> </ul>



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**QUALITY  
OBJECTIVE (QO)**

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Function	Key Performance Indicators (KPI)			Frequency of Monitoring Results	Responsible for Monitoring	Applicable Documents (e.g. Monitoring Log Sheet, Summary Log Sheet, Report, Memo, etc.)
	Objective	Target	Indicator/Formula (if applicable)			
	<ul style="list-style-type: none"> <li>90% of accomplished Client Satisfaction Survey have a rating of "Agree" or "Strongly Agree" in all Service Quality Dimensions (SQDs).</li> </ul>	<ul style="list-style-type: none"> <li>90%</li> </ul>	<ul style="list-style-type: none"> <li><math>\frac{[Total\ number\ of\ responses\ with\ rating\ of\ "Agree"\ or\ "Strongly\ Agree"\ in\ all\ Service\ Quality\ Dimensions\ (SQDs)\ / \ Total\ number\ of\ responses\ received] \times 100}{1}</math></li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Process Owners</li> </ul>	<ul style="list-style-type: none"> <li>Client Satisfaction Report</li> </ul>

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

**QUALITY MONITORING  
AND EVALUATION (QME)**

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OFFICE	DILG CENTRAL OFFICE - FINANCIAL AND MANAGEMENT SERVICE, ADMINISTRATIVE SERVICE / REGIONAL AND PROVINCIAL OFFICES														
PROCEDURE TITLE	PROCESSING AND PAYMENT OF CLAIMS														
OBJECTIVE STATEMENT	1. 80% of Claims are processed and released to LBP (LDDAP-ADA/ACIC) or notified claimants, <i>on the set timeline:</i> <b>CO/ROs:</b> 6 working days upon receipt <b>POs/HUCs/ICCs:</b> 4 working days upon receipt 2. 100% of the released Checks/LDDAP-ADA have <i>no</i> more than three ( $\leq 3$ ) incidence of inaccuracies. 3. 90% of accomplished Client Satisfaction Survey have a rating of "Agree" or "Strongly Agree" in all Service Quality Dimensions (SQDs).														
CURRENT PERIOD															
INDICATORS			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>Objective 1:</b> 80% of Claims are processed and released to LBP (LDDAP-ADA/ACIC) or notified claimants on the set timeline.															
A	Total No. of claims processed and released to LBP (LDDAP-ADA/ACIC) or notified claimants on the set timeline: <b>CO/ROs:</b> 6 working days upon receipt <b>POs/HUCs/ICCs:</b> 4 working days upon receipt														
B	Total No. of Claims Released to LBP or notified claimants														
C	Formula: $(\frac{A}{B}) \times 100$	Target Result : 80%													
D	Gap Analysis: In case the objective is not met, put your analysis why it is not met														
<b>Objective 2:</b> 100% of the released Checks/LDDAP-ADA have <i>no</i> more than three ( $\leq 3$ ) incidence of inaccuracies.															
A	Total number of Checks/LDDAP-ADA with <i>no</i> more than three ( $\leq 3$ ) incidence of inaccuracies														
B	Total number of Checks/LDDAP-ADA released														



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

## QUALITY MONITORING AND EVALUATION (QME)

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C	Formula: $(\frac{A}{B}) \times 100$	Target Result : 100%													
D	Gap Analysis: In case the objective is not met, put your analysis of why it is not met														
<b>Objective 3:</b> 90% of accomplished Client Satisfaction Survey have a rating of "Agree" or "Strongly Agree" in all Service Quality Dimensions (SQDs).															
A	Total number of responses with rating of "Agree" or "Strongly Agree" in all Service Quality Dimensions (SQDs)														
B	Total number of responses received														
C	Formula: $(\frac{A}{B}) \times 100$	Target Result : 90%													
D	Gap Analysis: In case the objective is not met, put your analysis of why it is not met														

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<b>Process Owner</b>	<b>Division Chief</b>	<b>FMS Deputy Quality Management Representative/Regional QMR</b>

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Process Owners	Division Chiefs	FMS/AS Deputy Quality Management Representative	Overall Deputy Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS MONITORING LOG SHEET**

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**QUALITY OBJECTIVE 1.** 80% of Claims are processed and released to LBP (LDDAP-ADA/ACIC) or notified claimant on the set timeline:  
CO/ROs: 6 working days upon receipt  
POs/HUCs/ICCs: 4 working days upon receipt

**FREQUENCY OF MONITORING:** Monthly  
**CURRENT PERIOD:**

No.	Type of Claims	P/A/P NAME	Office	Claimant/ Payee	Particulars	BUDGET (Skip Column/s or put NA if not applicable) A. 1 WD (CO, RO)										ACCOUNTING (Skip Column/s or put NA if not applicable) A. 3 WD (CO, RO, PO/HUCs/ICC)										CASH/RELEASING (Skip column/s or put NA if not applicable) A. 2 WD (CO, RO); 1 WD (PO/HUCs/ICC)										Total No. of Processing Time	OBJECTIVE 1		REMARKS						
						Date Received	Assigned Budget Officer	ORS No.	BURS No.	Amount Obligated	Review and Processing (Completeness and Appropriateness)				No. of Days Elapsed	Date Received	DV No.	References (ORS/DV No.)	Assigned Processor	Review and Processing (Validity and Appropriateness)				Gross Amount of DV	Net Amount of DV	No. of Days Elapsed	Date Received	Assigned Personnel	Review and Processing (Accurateness)						No. of Days Elapsed										
											Date Returned/ Communicated to Clients	Date Received Back from Clients	Date Funded	Date Forwarded to Accounting						Date Forwarded to GSS/ GSD	Date Returned/ Communicated to Clients	Date Received Back from Clients	Date Forwarded to Cash Section						Date Forwarded to Approving Authority	Date Deficiencies Communicated	Date Received Back from Concerned Personnel	Net Amount	Date LDDAP-ADA/Check prepared	LDDAP-ADA No./Check No.						Date Forwarded to Signatories	Date Received back from Signatories	Date Forwarded to LBP(LDDAP-ADA/ACIC) or notified claimants			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ			
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{ Name Here }
Process Owner/s

Noted By
{ Name Here }
Division Chief / Regional Deputy QMR/ Immediate Supervisor

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Division Chiefs

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## PROCESSING AND PAYMENT OF CLAIMS PROCESS SUMMARY LOG SHEET (PSL)

Document Code		
FM-QP-DILG-FMS-RO-16-02		
Rev. No.	Eff. Date	Page
02	09.01.24	1 of 1

**QUALITY OBJECTIVE 1.** 80% of Claims are processed and released to LBP (LDDAP-ADA/ACIC) or notified claimant on the set timeline:

CO/ROs: 6 working days upon receipt

POs/HUCs/ICCs: 4 working days upon receipt

FREQUENCY OF MONITORING: Monthly

CURRENT PERIOD:

DATE	BUDGET	ACCOUNTING					RELEASING/ DISBURSING		OBJECTIVE 1 RESULT (TIMELINESS)	
	CO, RO: TOTAL NO. OF CLAIMS RECEIVED	CO, RO: TOTAL NO. OF REMITTANCES CLAIMS/ REFUNDS/FUND TRANSFERS RECEIVED	CO, RO: TOTAL NO. OF CLAIMS RECEIVED (B+C) or PO: TOTAL NO. OF DVs RECEIVED	CO: TOTAL NO. OF CLAIMS WHICH WILL BE DIRECTLY REMITTED TO DILG- EMPC	CO, RO, PO: TOTAL NO. OF CANCELLED CLAIMS	CO, RO, PO: TOTAL NO. OF PENDING CLAIMS FROM PREVIOUS MONTH	TOTAL NO. OF CLAIMS RELEASED TO LBP (LDDAP- ADA/ACIC)/ NOTIFIED CLAIMANTS	CO, RO, PO: TOTAL NO. OF PENDING CLAIMS THIS MONTH (PREVIOUS 1+D-E-F+G-H)	TOTAL NO. OF CLAIMS PROCESSED WITHIN THE SET TIMELINE: CO/ROs: ≥6 WDs POs/HUCs/ICCs: ≥4 WDs (Met)	TOTAL NO. OF CLAIMS PROCESSED BEYOND THE SET TIMELINE: CO/ROs: ≤6 WDs POs/HUCs/ICCs: ≤4 WDs (Unmet)
A	B	C	D	E	F	G	H	I	J	K
(UNPAID CLAIMS FROM PREVIOUS MONTHS)										
TOTAL										
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PERFORMANCE RESULTS %									%=Total no. of claims processed within the set timeline / Total no. of claims released to LBP (LDDAP- ADA/ACIC) or notified claimants x 100	%=Total no. of claims processed beyond the set timeline / Total no. of claims released to LBP (LDDAP- ADA/ACIC) or notified claimants x 100

Prepared By
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

## PROCESSING AND PAYMENT OF CLAIMS PROCESS SUMMARY LOG SHEET (PSL)

Document Code		
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Rev. No.	Eff. Date	Page
01	09.01.24	1 of 1

QUALITY OBJECTIVE 2: 100% of the released Checks/LDDAP-ADA have *no* more than three (≤3) incidence of inaccuracies

FREQUENCY OF MONITORING: Monthly

CURRENT PERIOD:

NO.	LDDAP-ADA/CHECK		TOTAL NO. OF PAYEES	TOTAL AMOUNT	ACIC		DATE FORWARDED TO LBP (LDDAP-ADA/CHECK) / DATE CLAIMED	TOTAL NO. OF ERRORS/ INACCURACIES	INCIDENCE OF INACCURACIES ON CHECKS/LDDAP-ADA	
	DATE	NO.			DATE	NO.			MET (≤3)	UNMET (>3)
A	B	C	D	E	F	G	H	I	J	K
1										
2										
3										
4										
5										
6										
NTH										
TOTAL										
PERFORMANCE RESULTS %									%=Total No. of Checks/LDDAP-ADA with <i>no</i> more than three (≤3) incidence of inaccuracies / Total No. of Checks/LDDAP-ADA released x 100	%=Total No. of Checks/LDDAP-ADA with more than three (>3) incidence of inaccuracies / Total No. of Checks/LDDAP-ADA released x 100

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03A | Rev. 00 | Eff. Date 06.15.21

PAYROLL FUND FOR SALARIES, WAGES, ALLOWANCES, HONORARIA AND OTHER SIMILAR EXPENSES

Required Documents	Claimant	Budget	Accounting
1 Authority of the accountable officer issued by the Head of Agency or his duly authorized representative indicating the maximum accountability and purpose of cash advance (for initial cash advance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certification from the Accountant that previous cash advances have been liquidated and accounted for in the books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved application for bond and/or Fidelity Bond for the year for cash accountability of Php 2,000.00 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Approved contracts (for initial payment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Approved payroll or list of payees indicating their net payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approval/authority (presidential directive or legislative enactment) or legal basis to pay any allowance/salaries/wages/fringe benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Daily Time Record (DTR) approved by the supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other supporting document/s:			
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PETTY CASH FUND

1 Authority of the accountable officer issued by the Head of Agency or his duly authorized representative indicating the maximum accountability and purpose of cash advance (for initial cash advance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certification from the Accountant that previous cash advances have been liquidated and accounted for in the books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved application for bond and/or Fidelity Bond for the year for cash accountability of Php 2,000.00 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Approved Estimates of petty expenses for one month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Copy of policy for maintaining PCF under the imprest system for GOCCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Other supporting document/s:			
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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FIELD/ACTIVITY CURRENT OPERATING EXPENSES (COE)	Claimant	Budget	Accounting
1 Authority of the accountable officer issued by the Head of Agency or his duly authorized representative indicating the maximum accountability and purpose of cash advance (for initial cash advance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certification from the Accountant that previous cash advances have been liquidated and accounted for in the books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved application for bond and/or Fidelity Bond for the year for cash accountability of Php 2,000.00 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Approved budget for COE of the agency field office or agency activity in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:			
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_  
Claimant / End-User Budget Accounting

TRACKER	
Date	Remarks

Please return this checklist with the fully complied requirements.  
Claims without the attached checklist will not be processed.

Prepared By:  (sgd.) BERNADETTE S. MEILLANO (sgd.) ARTEM C. TAOUC PROCESS OWNERS
--

Reviewed By:  (sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES DIVISION CHIEFS
--

Approved By:  (sgd.) DIRECTOR JARA JANE M. CEREZO FMS DEPUTY QMR
--



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03B | Rev. 00 | Eff. Date 06.15.21

**TRAVELING ALLOWANCES**

Required Documents	Claimant	Budget	Accounting
<b>LOCAL TRAVEL</b>			
1 Office Order/Travel Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Duly approved itinerary of travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certification from the Accountant that previous cash advances have been liquidated and accounted for in the books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOREIGN TRAVEL</b>			
1 Office Order/Travel Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Duly approved itinerary of travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Letter of invitation of host/sponsoring country/agency/organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 For plane fare, quotations of three travel agencies or its equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Flight itinerary issued by the airline/ticketing office/travel agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Copy of the United Nations Development Programme (UNDP) rate for the daily subsistence allowance (DSA) for the country of destination for the computation of DSA to be claimed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Document to show the dollar to peso exchange rate at the date of grant of cash advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Where applicable, authority from the OP to claim representation expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 In case of seminars/trainings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Invitation addressed to the agency inviting participants (issued by the foreign country)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Acceptance of the nominees as participants (issued by the foreign country)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Programme Agenda and Logistics Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Certification from the accountant that the previous cash advance has been liquidated and accounted for in the books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-  
User

Budget

Accounting

**TRACKER**

Date	Remarks

Please return this checklist with the fully complied requirements.  
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(sgd.) ARTEM G. TAGUIC
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Reviewed By
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(sgd.) NELSON D. FLORES
DIVISION CHIEFS

Approved By
(sgd.)
DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03C | Rev. 00 | Eff. Date 06.15.21

**PAYROLL FUND FOR SALARIES, WAGES, ALLOWANCES, HONORARIA AND OTHER SIMILAR EXPENSES**

Required Documents	Claimant	Budget	Accounting
1 Report of Disbursements certified correct by the accountable officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Approved payroll/vouchers duly acknowledged/signed by the payee/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved Daily Time Records (DTR) or Certificate of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Approved Application for Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 In case of payment of personnel under the "job order" status, duly verified/accepted accomplishment report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Official Receipt (OR) in case of refund for unclaimed salaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Authority from the claimant and identification documents, if claimed by person other than the payee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PETTY CASH FUND**

1 Summary of Petty Cash Vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Report of Disbursements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Petty Cash Replenishment Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Approved purchase request with certificate of Emergency Purchase, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Bills, receipts, sales invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Certificate of inspection and acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Report of Waste Materials in case of replacement/repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Approved trip ticket, for gasoline expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Canvass from at least three suppliers for purchases involving Php 1,000.00 and above, except for purchases made while on official travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Summary/Abstract of Canvass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Petty Cash Vouchers duly accomplished and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 OR in case of refund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 For reimbursement of toll receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Toll Receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trip Tickets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_  
Claimant / End-User Budget Accounting

**TRACKER**

Date	Remarks

Please return this checklist with the fully complied requirements.  
Claims without the attached checklist will not be processed.

Prepared By (sgd.) BERNADETTE A. MEJILLANO (sgd.) ARTUM G. TAGUIC PROCESS OWNERS
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Reviewed By (sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES DIVISION CHIEFS
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Approved By (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
---



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03D | Rev. 00 | Eff. Date 06.15.21

**FIELD/ACTIVITY CURRENT OPERATING EXPENSES**

Required Documents	Claimant	Budget	Accounting
1 Report of Disbursements certified correct by the accountable officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Approved payroll/vouchers duly acknowledged/signed by the payee/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved Daily Time Records (DTR) or Certificate of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Approved Application for Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 In case of payment of personnel under the "job order" status, duly verified/accepted accomplishment report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Official Receipt (OR) in case of refund for unclaimed salaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Authority from the claimant and identification documents, if claimed by person other than the payee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Summary of Petty Cash Vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Report of Disbursements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Petty Cash Replenishment Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Approved purchase request with certificate of Emergency Purchase, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Bills, receipts, sales invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Certificate of inspection and acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Report of Waste Materials in case of replacement/repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Approved trip ticket, for gasoline expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Canvass from at least three suppliers for purchases involving Php 1,000.00 and above, except for purchases made while on official travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Summary/Abstract of Canvass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Petty Cash Vouchers duly accomplished and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 OR in case of reffund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 For reimbursement of toll receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Toll Receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trip Tickets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Submitted by: _____	Reviewed by: _____	Checked by: _____
Claimant / End-User	Budget	Accounting

**TRACKER**

Date	Remarks

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(sgd.) BERNADETTE S. MEJILLANO
(sgd.) ARTEM G. TAGUIC
PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NELLA D. FLORES
DIVISION CHIEFS

Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03E | Rev. 00 | Eff. Date 06.15.21

Required Documents		TRAVEL EXPENSES		
		Claimant	Budget	Accounting
<b>LOCAL TRAVEL</b>				
1	Paper/electronic plane, boat or bus tickets, boarding pass, terminal fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Certificate of appearance/attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Copy of previously approved itinerary of travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Revised or supplemental Office Order or any proof supporting the change of schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Revised Itinerary of Travel, if the previously approved itinerary was not followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Certification by the Head of Agency as to the absolute necessity of the expenses together with the corresponding bills or receipts, if the expenses incurred for official travel exceeded the prescribed rate per day (certification or affidavit of loss shall not be considered as an appropriate replacement for the required hotel/lodging bills and receipts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Liquidation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Certification of Expenses not Requiring Receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	OR in case of refund of excess cash advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Certificate of Travel Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Hotel room/lodging bills with official receipts in the case of official travel to places within 50-kilometer radius from the last city or municipality covered by the Metro Manila Area, or the city or municipality where their permanent official station is located in the case of outside the Metro Manila Area, if the travel allowances being claimed include the hotel room/lodging rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOREIGN TRAVEL</b>				
1	Paper/electronic plane, boat or bus tickets, boarding pass, terminal fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Certificate of appearance/attendance for training/seminar/participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Bills/receipts for non-commutable representation expenses approved by the President under Executive Order No. 77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	For reimbursement of actual travel expenses in excess of the prescribed rate (EO No. 77)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Approval by the President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Certification from the Head of Agency that it is absolutely necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Hotel room bills with official receipts (certification or affidavit of loss shall not be considered as an appropriate replacement for the required hotel/lodging bills and receipts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Revised Itinerary of Travel, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Narrative report on trip undertaken/Report on Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	OR in case of refund of excess cash advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Certificate of Travel Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Liquidation report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Certificate of Expenses not Requiring Receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Submitted by:	Reviewed by:	Checked by:
		Claimant / End-User	Budget	Accounting
<b>TRACKER</b>				
Date	Remarks			

Please return this checklist with the fully complied requirements.  
Claims without the attached checklist will not be processed.

Prepared By: (sgd.) BERNARDO T. ABELLANO (sgd.) ARTEN G. TAGUIC PROCESS OWNERS
---

Reviewed By: (sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES DIVISION CHIEFS
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Approved By: (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
--



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03F | Rev. 00 | EE Date 06.15.21

FUND TRANSFERS TO NON-GOVERNMENT ORGANIZATIONS/PEOPLE'S ORGANIZATIONS (NGOs/POs)

Required Documents	Claimant	Budget	Accounting
<b>RELEASE OF FUNDS</b>			
1. Approved Summary of Budgetary Requirements detailing the items of expenditure/ disbursement to be incurred in the program/project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. List of priority projects which may be implemented by the NGO/PO published in the newspaper, agency website, bulletin board and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accreditation of the NGO/PO by the Bids and Awards Committee (BAC) of the grantee agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Results of the evaluation of financial and technical capability of selected NGO/PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Performance security for infrastructure project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. NGO/PO proposal or application for funding accompanied by: a. Certificate of registration from Securities and Exchange Commission (SEC) or either Cooperative Development Authority (CDA) or Department of Labor and Employment as the case may be b. Authenticated copy of the latest Articles of Incorporation or Articles of Cooperation as the case may be, showing the original incorporators/organizers and the Secretary's certificate for incumbent officers, tother with the Certificate of Filing with the SEC/ Certificate of Approval by the CDA c. Audited financial reports for the past three years preceding the date of project implementation. For NGO/PO which has been in operation for less than three years, financial reports for the years in operation and proof of previous implementation of similar projects d. Disclosure of other related business, if any e. Work and Financial Plan (WFP), and sources and details of Proponent's Equity Participation in the Project f. Complete project proposal approved/signed by officers g. List and/or photographs of similar projects previously completed, if any, indicating the source of funds for implementation h. Sworn affidavit of the secretary of the NGO/PO that none of its incorporators, organizers, directors or officers is an agent of or related by consanguinity or affinity up to the fourth civil degree to the official of the agency authorized to process and/or approve proposed MOA, and release funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Document showing that NGO/PO has equity equivalent to 20 percent of the total project cost, which shall be in the form of labo, land for the project site, facilities, equipment and the like, to be used in the project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Certification from the Accountant that the previous cash advance granted to the NGO/PO has been liquidated, liquidation documents are post-audited and properly taken up in the books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Memorandum of Agreements (MOA) incorporating therein the following terms and provisions: a. Project name, intended beneficiaries, benefits to be delivered, project cost estimates, brief description of projects and its site/location b. Systems and procedures to implement the project such as, but not limited to, procurement of goods and services by the NGO/PO and their distribution which should be documented and coordinated with the GO's authorized officials and the respective barangays c. Time schedules for the releases of funds, periodic inspection/evaluation, reporting, monitoring requirements, date of commencement and date of completion (releases of funds after the initial funds transfer must be output-based, that is, subsequent funds releases must be dependent on 100% delivery of physical status of the project corresponding to the previous funds received by the NGO/PO) d. Subsequent fund transfer must be granted unless previous funds transfers have been liquidated e. Specific period to liquidate the funds granted to NGO/PO with the GO f. In case of construction projects like school buildings, housing and other similar structures, and acquisition of assets like vehicles and equipment, a stipulation of turnover of ownership of the infrastructure or fixed asset (in the procurement of any type of asset out of government funds, the NGO/PO shall conduct simple bidding or canvass to ensure the best terms and quality of purchase g. In case the asset shall be owned by a specific beneficiary, a stipulation that a Deed of Donation shall be executed by the GO after the completion of the project h. Monitoring and inspection of project implementation and verification of financial records and reports of the NGO/PO by the GO i. Visitorial audit by the officials and personnel of the COA authorized to perform the audit under an approved office order j. Institution of legal action by the GO against the defaulting NGO/PO which fails to complete a project covered by the MOA, or for a material violation of the provisions of the MOA or of this Circular, and in any of these cases, its subsequent disqualification from applying for another project in any other GO k. In case of the dissolution of the recipient NGO/PO, voluntary or involuntary, the lien of the granting GO on its assets, in accordance with existing laws, to the extent of the unexpended or unutilized portion of the fund l. Maintenance by the NGO/PO of a separate savings/current account for each fund received from the GO m. The return by the NGO/PO to the granting GO of any amount not utilized to complete the project, including interest, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other relevant requirements under GPPB Resolution No. 12-2007 dated June 29, 2007 a. _____ b. _____ c. _____ d. _____ e. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User Budget Accounting

TRACKER	
Date	Remarks

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(sgd.)  
ARTURO G. YACIC  
PROCESS OWNERS

Reviewed By: \_\_\_\_\_  
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GAUDENCIO J. APOSTOL  
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DIVISION CHIEFS

Approved By: \_\_\_\_\_  
(sgd.)  
DIRECTOR S. JANE M. CEREZO  
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03G | Rev. 00 | Eff. Date 06.15.21

**IMPLEMENTATION AND LIQUIDATION OF FUNDS RELEASED**

Required Documents	Claimant	Budget	Accounting
1 Final fund utilization report, indicating the summary of expenses and the status report of accomplishments certified by the accountant, approved by the President/Chairman of the NGO/PO and verified by the internal auditor or equivalent official of the GO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Pictures of implemented projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Inspection report and certificate of project completion issued by the GO authorized representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 List of beneficiaries with their signatures signifying their acceptance/acknowledgement of the project/funds/goods/services received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Proof of verification by the GO official of the validity of the documents submitted by the NGO/PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 OR issued by the granting GO acknowledging return by the NGO/PO of any unutilized/excess amount of cash advance, including interest, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 List of equipment/vehicles procured by the NGO/PO out of the project funds indicating its brief description, date acquired, acquisition cost and final disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Warranty for procurement of equipment of projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 In case of dissolution of the recipient NGO/PO, in addition to the OR acknowledging the return of unutilized amount, copy of the vouchers paid by the NGO/PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Liquidation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STAGGERED RELEASE OF FUNDS TO NGO/PO**

1 Duly approved Schedule of Fund Release to NGO/PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Interim Fund Utilization Report on the previous release certified by the NGO/PO's Accountant, approved by its President/Chairman and verified by the internal auditor or equivalent official of the GO showing a summary of expenses and a status report of accomplishment evidenced by pictures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 List of beneficiaries of previous releases with their signatories signifying their acceptance/acknowledgment of the project funds/goods/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

**TRACKER**

Date	Remarks

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Prepared By
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(sgd.) ARTIM G. YAGUIC
PROCESS OWNERS

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(sgd.) NENA D. FLORES
DIVISION CHIEFS

Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03H | Rev. 00 | Eff. Date 06.15.21

TRANSFER OF FUNDS TO IMPLEMENTING AGENCIES			
Required Documents	Claimant	Budget	Accounting
<b>TRANSFER: SOURCE AGENCY</b>			
1 Copy of MOA/Trust Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Copy of Approved Program of Work (for infrastructure project)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved Project Expenditures or Estimated Expenses indicating the project objective and expected output (for other projects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 For GOCCs, Board Resolution ratifying the MOA in case of transfers not incorporated in the Corporat Operating Budget and/or beyond the signing authority of the Agency Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 For local government units (LGUs), as clarified under COA Memorandum No. 2010-014 dated April 22, 2010, authorization by local Sanggunian for the Local Chief Executive to enter into contract in case of the following: In the case of a reenacted budget: For new contracts entered into by the local chief executive for contractual obligations included in the previous year's annual and supplemental budget In the case of the regularly enacted budget: a. For projects described in generic terms, such as infrastructure projects, inter-municipal waterworks, drainage and sewerage, flood control, irrigation system projects, reclamation projects or roads and bridges b. For purchase of goods and services which are neither specified nor encompassed within the regular personal services and maintenance operating expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Certification by the Accountant that funds previously transferred to the Implementing Agency (IA) has been liquidated, post audited and accounted for in the books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Copy of the OR issued by the IA to the Source Agency acknowledging receipt of funds transferred (for post-audit activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other supporting document/s: a _____ b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IMPLEMENTATION AND LIQUIDATION</b>			
1 Necessary supporting documents depending on the nature of transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Copy of MOA/Trust Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Copy of OR upon receipt of funds transferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Copy of OR issued by the Source Agency evidencing refund of unexpended/unutilized balance of fund transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s: a _____ b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LIQUIDATION</b>			
<b>SOURCE AGENCY</b>			
1 Report of Checks Issued and Report of Disbursements certified correct by the Accountant approved by the Head of the IA, and duly audited by the Auditor of the IA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Copy of Credit Notice issued by the Auditor of the IA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Copy of OR issued for the refund of unexpended/unutilized balance of fund transferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s: a _____ b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FROM TRUST FUND TO THE GENERAL FUND FOR UNSPENT BALANCE/EXCESS AMOUNT</b>			
1 Report of Receipt, Disbursement and Fund Balance certified by Accountant Contract, which may be a MOA, Trust Agreement or Memorandum of Understanding governing the utilization of funds and disposition of any balance thereof after completion of the purpose of the funds transferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Letter of IA to Source Agency to transfer the unexpended balance to the General Fund duly approved by the Source Agency, if the disposition thereof has not been provided in the MOA, Trust Agreement or Memorandum of Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s: a _____ b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Submitted by:</b> Claimant / End-User		<b>Reviewed by:</b> Budget	<b>Checked by:</b> Accounting
<b>TRACKER</b>			
Date	Remarks		

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Prepared By
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(sgd.) KRISHIA MAE GREGORIO-SADIOA
Process Owners

Reviewed By
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(sgd.) NELIA D. FLORES
Division Chiefs

Approved By
(sgd.) SARA JANE M. CEREZO
FMS Director/FMS Deputy QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-031 | Rev. 00 | Eff. Date 06.15.21

**FIRST SALARY**

Required Documents	Claimant	Budget	Accounting
1 Certified true copy of duly approved Appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Assignment Order, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certified true copy of Oath of Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certificate of Assumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Statement of Assets, Liabilities and Net Worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Bureau of Internal Revenue (BIR) withholding certificates (Forms 1902 and 2305)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Payroll Information on New Employee (PINE) (for agencies with computerized payroll systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Authority from the claimant and identification documents, if claimed by person other than the payee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADDITIONAL REQUIREMENTS FOR TRANSFEREES (FROM ONE GOVERNMENT OFFICE TO ANOTHER)</b>			
10 Clearance from money, property and legal accountabilities from the previous office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Certified true copy of pre-audited disbursement voucher of last salary from previous agency and/or Certification by the Chief Accountant of last salary received from previous office duly verified by the assigned auditor thereat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 BIR Form 2316 (Certificate of Compensation Payment/Tax Withheld)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Certificate of Available Leave Credits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Service Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SALARY (IF DELETED FROM THE PAYROLL)**

1 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Notice of Assumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved Application for Leave, Clearances, and Medical certificate, if on sick leave for five days or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_  
Claimant / End-User Budget Accounting

**TRACKER**

Date	Remarks

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Prepared By (sgd.) BERNADETTE S. MEILLANO (sgd.) ARTEM G. TAGUIA PROCESS OWNERS
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Reviewed By (sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES DIVISION CHIEFS
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Approved By (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03 | Rev. 00 | Eff. Date 06.15.21

**SALARY OF CASUAL/CONTRACTUAL PERSONNEL**

Required Documents	Claimant	Budget	Accounting
1 FOR ACCREDITED AGENCIES BY THE CSC (FOR FIRST CLAIM) a. Certified true copy of the pertinent contract/appointment/job order b. Copy of the ROPA of the pertinent contract/appointment marked received by the CSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 FOR OTHER AGENCIES (FOR FIRST CLAIM) a. Certified copy of the pertinent contract/appointment/job order marked received by the CSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certification by the Local Chief Executive (LCE), in the case of LGUs, that the employment/hiring is still within the Personal Services (PS) limitation prescribed under Section 325(a) of RA No. 7160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certification by the LCE/Personnel Officer that the activities/services cannot be provided by regular or permanent personnel of the agency (for first claim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Accomplishment Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other supporting document/s: a _____ b _____ c _____ d _____ e _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**SALARY DIFFERENTIAL DUE TO PROMOTION AND/OR STEP INCREMENT**

1 Certified true copy of approved appointment in case of promotion or Notice of Salary Adjustment in case of step increment/salary increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certificate of Assumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved DTR or certification that the employee has not incurred leave without pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certification by the LCE, in case of LGUs, that the promotion/step increment is still within the PS limitation prescribed under Section 325 (a) of RA No. 7160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s: a _____ b _____ c _____ d _____ e _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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**LAST SALARY**

1 Clearance from money, property and legal accountabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s: a _____ b _____ c _____ d _____ e _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_  
Claimant / End-User Budget Accounting

**TRACKER**

Date	Remarks

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Prepared By (sgd.) BERNADETTE S. MEILLANO (sgd.) ARTEM G. TAGUIC PROCESS OWNERS
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Reviewed By (sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIO D. FLORES DIVISION CHIEFS
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Approved By (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03K | Rev. 00 | Eff. Date 06.15.21

**SALARY DUE TO HEIRS OF DECEASED EMPLOYEE**

Required Documents	Claimant	Budget	Accounting
1 Clearance from money, property and legal accountabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Death Certificate authenticated by National Statistics Office (NSO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Marriage Contract authenticated by NSO, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Birth Certificates of surviving legal heirs authenticated by NSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Designation of next-of-kin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Waiver of right of children 18 years old and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MATERNITY LEAVE**

1 Certified true copy of approved application for leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified true copy of maternity leave clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Medical certificate for maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADDITIONAL REQUIREMENTS FOR UNUSED MATERNITY LEAVE (UPON ASSUMPTION BEFORE THE EXPIRATION OF THE 60-DAY MATERNITY LEAVE)</b>			
4 Medical certificate that the employee is physically fit to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Certificate of assumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**GENERAL CLAIMS THROUGH AUTOMATED TELLER MACHINE (ATM)**

1 Salary Payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Payroll register (hard and soft copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Letter to the Bank to credit employee's account of their salaries or other claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Validated deposit slips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

**TRACKER**

Date	Remarks

Please return this checklist with the fully complied requirements.  
Claims without the attached checklist will not be processed.

Prepared By
(sgd.) BERNADETTE S. MEJILLANO
(sgd.) ARTEM C. TAGUIC
PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NEIL D. FLORES
DIVISION CHIEFS

Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03L | Rev. 00 | Eff. Date 06.15.21

**PERA DURING FIRST SALARY**

Required Documents	Claimant	Budget	Accounting
1 Certified true copy of duly approved Appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Assignment Order, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certified true copy of Oath of Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certificate of Assumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Statement of Assets, Liabilities and Net Worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Bureau of Internal Revenue (BIR) withholding certificates (Forms 1902 and 2305)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Payroll Information on New Employee (PINE) (for agencies with computerized payroll systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Authority from the claimant and identification documents, if claimed by person other than the payee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADDITIONAL REQUIREMENTS FOR TRANSFEREES (FROM ONE GOVERNMENT OFFICE TO ANOTHER)</b>			
10 Clearance from money, property and legal accountabilities from the previous office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Certified true copy of pre-audited disbursement voucher of last salary from previous agency and/or Certification by the Chief Accountant of last salary received from previous office duly verified by the assigned auditor thereat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 BIR Form 2316 (Certificate of Compensation Payment/Tax Withheld)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Certificate of Available Leave Credits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Service Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERA (IF DELETED FROM THE PAYROLL)**

1 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Notice of Assumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved Application for Leave, Clearances, and Medical certificate, if on sick leave for five days or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by:	Reviewed by:	Checked by:
_____	_____	_____
Claimant / End-User	Budget	Accounting

**TRACKER**

Date	Remarks

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Prepared By
(sgd.) BERNADETTE S. MELLANO
(sgd.) ARTEM G. TAGUIC
PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NELIA D. FLORES
DIVISION CHIEFS

Approved By
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03M | Rev. 00 | Eff. Date 06.15.21

PERA OF CASUAL/CONTRACTUAL PERSONNEL

Required Documents	Claimant	Budget	Accounting
1 FOR ACCREDITED AGENCIES BY THE CSC (FOR FIRST CLAIM) Certified true copy of the pertinent contract/appointment/job order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the ROPA of the pertinent contract/appointment marked received by the CSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 FOR OTHER AGENCIES (FOR FIRST CLAIM) Certified copy of the pertinent contract/appointment/job order marked received by the CSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certification by the Local Chief Executive (LCE), in the case of LGUs, that the employment/hiring is still within the Personal Services (PS) limitation prescribed under Section 325(a) of RA No. 7160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certification by the LCE/Personnel Officer that the activities/services cannot be provided by regular or permanent personnel of the agency (for first claim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Accomplishment Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERA ON LAST SALARY

1 Clearance from money, property and legal accountabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

TRACKER

Date	Remarks

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Prepared By
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(sgd.) ARTEM G. PAGOIC
PROCESS OWNERS

Reviewed By
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(sgd.) NELSON D. FLORES
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03N | Rev. 00 | Eff. Date 06.15.21

**PERA DUE TO HEIRS OF DECEASED EMPLOYEE**

Required Documents	Claimant	Budget	Accounting
1 Clearance from money, property and legal accountabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Death Certificate authenticated by National Statistics Office (NSO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Marriage Contract authenticated by NSO, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Birth Certificates of surviving legal heirs authenticated by NSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Designation of next-of-kin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Waiver of right of children 18 years old and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERA (MATERNITY LEAVE)**

1 Certified true copy of approved application for leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified true copy of maternity leave clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Medical certificate for maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADDITIONAL REQUIREMENTS FOR UNUSED MATERNITY LEAVE (UPON ASSUMPTION BEFORE THE EXPIRATION OF THE 60-DAY MATERNITY LEAVE)</b>			
4 Medical certificate that the employee is physically fit to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Certificate of assumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**GENERAL CLAIMS THROUGH AUTOMATED TELLER MACHINE (ATM)**

1 PERA Payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Payroll register (hard and soft copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Letter to the Bank to credit employee's account of their salaries or other claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Validated deposit slips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by:	Reviewed by:	Checked by:
_____	_____	_____
Claimant / End-User	Budget	Accounting

**TRACKER**

Date	Remarks

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Prepared By
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(sgd.) ARTEM G. TAGUIC
PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NELSON D. FLORES
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Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-030 | Rev. 00 | Eff. Date 06.15.21

REPRESENTATION AND TRANSPORTATION ALLOWANCE (RATA)			
Required Documents	Claimant	Budget	Accounting
<b>FOR INDIVIDUAL CLAIMS</b>			
1 Copy of Office Order/Appointment (1st payment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certificate of Assumption (1st payment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certification that the official/employee did not use government vehicle and is not assigned any government vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certificate or evidence of service rendered or approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Certification by the LCE, in case of LGUs, that the revised RATA rates is still within the PS limitation prescribed under Section 325(a) of RA No. 7160 (for initial claim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOR GENERAL CLAIMS</b>			
1 RATA Payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Payroll Register (hard and soft copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Letter to the Bank to credit employees' account of their RATA claims, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Validated deposit slip, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CLOTHING/UNIFORM ALLOWANCE</b>			
<b>FOR INDIVIDUAL CLAIMS</b>			
1 Certified true copy of approved appointment of new employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certificate of Assumption of new employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certificate of non-payment from previous agency, for transferees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOR GENERAL CLAIMS</b>			
1 Clothing/Uniform Allowance Payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Payroll Register (hard and soft copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Letter to the Bank to credit employees' account of their Clothing/Uniform Allowance claims, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Validated deposit slips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div>Submitted by: _____ Reviewed by: _____ Checked by: _____</div> <div>Claimant / End-User _____ Budget _____ Accounting _____</div>			
<b>TRACKER</b>			
Date	Remarks		

Please return this checklist with the fully compiled requirements.  
Claims without the attached checklist will not be processed.

Prepared By:
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(sgd.) ARTHUR G. TAGUIR
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Reviewed By:
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(sgd.) NELSON D. FLORES
DIVISION CHIEFS

Approved By:
(sgd.) DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03P | Rev. 00 | Eff. Date 06.15.21

SUBSISTENCE, LAUNDRY AND QUARTERS ALLOWANCES

Required Documents	Claimant	Budget	Accounting
1 Payroll of personnel entitled to claim subsistence, laundry and quarters allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Authority to collect (for initial claim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRODUCTIVITY INCENTIVE ALLOWANCE (PIB)

FOR INDIVIDUAL CLAIMS

- 1 Certification that the performance ratings for the two semesters given to the personnel of the concerned division/office is at least satisfactory
- 2 Certification from the Legal Office that the employee has no administrative charge
- 3 Other supporting document/s:
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL CLAIMS

- 1 PIB Payroll
- 2 List of personnel who were suspended either preventively or as a penalty as a result of an administrative charge within the year for which PIB is paid, regardless of the duration (except if the penalty meted out is only a reprimand)
- 3 List of personnel dismissed within the year
- 4 List of personnel on Absent Without Official Leave (AWOL)
- 5 Certification that the performance ratings for the two semesters given to the personnel of the concerned division/office is at least satisfactory
- 6 Payroll Register (hard and soft copy)
- 7 Letter to the Bank to credit employees' account their PIB claims
- 8 Validated deposit slips
- 9 Other supporting document/s:
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: Reviewed by: Checked by:

Claimant / End-User Budget Accounting

TRACKER

Date	Remarks

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Prepared By
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(sgd.) ARTEM G. TAGUIC
PROCESS OWNERS

Reviewed By
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(sgd.) NELIA D. FLORES
DIVISION CHIEFS

Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03Q | Rev. 01 | Eff. Date 08.01.22

**SPECIAL COUNSEL ALLOWANCE**

Required Documents	Claimant	Budget	Accounting
1 Office Order/Designation/Letter of the OSG deputizing the claimant to appear in court as special counsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certificate of Appearance issued by the Office of the Clerk of Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certification that the cases to be attended by the lawyer personnel are directly related to the nature/function of the particular office represented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certification issued by the concerned lawyer and the Agency Accountant that the amount being claimed is still within the limitation under the GAA of Php 5,000.00 per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HONORARIA FOR PERSONNEL INVOLVED IN GOVERNMENT PROCUREMENT**

1 Office Order creating and designating the BAC composition and authorizing the members to collect honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Minutes of BAC Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Notice of Award to the winning bidder of procurement activity being claimed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certification that the procurement involves competitive bidding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Attendance Sheet listing names of attendees to the BAC meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HONORARIA FOR TEACHING PERSONNEL (DEPARTMENT OF EDUCATION (DepEd), TESDA, SUCs AND OTHER EDUCATIONAL INSTITUTIONS)**

1 Certification from the Registrar/Dean of College that the claimant is a regular faculty member who is employed on a full-time basis and is currently teaching in the regular class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Schedule of classes indicating the designated teaching personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certificate of actual conduct of classes and/or Accomplishment Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Approved DTR/Service Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by:

Reviewed by:

Checked by:

Claimant / End-  
User

Budget

Accounting

**TRACKER**

Date	Remarks

Please return this checklist with the fully compiled requirements.  
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Prepared By
(sgd.) BERNARDITA S. MEJILLANO (sgd.) ARTEN G. TAGUIL
Process Owners

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL (sgd.) NEZA D. FLORES
Division Chiefs

Approved By
(sgd.) SARA ANNE M. CEREZO
FMS Deputy QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

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**HONORARIA FOR GOVERNING BOARDS OF COLLEGIAL BODIES**

Required Documents	Claimant	Budget	Accounting
1 Appointment/designation as member of the Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certification that the claimant is not an appointee to a regular position in the governing board of the collegial body who receives salaries, regular allowances and other benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Minutes of meeting and Attendance sheet certified by the Board Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HONORARIA FOR RESOURCE PERSONS, LECTURERS AND FACILITATORS**

1 Office Order/Invitation Letter duly confirmed by lecturer, resource person and facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Course syllabus/program of lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Report/Certification of DILG Coordinator/Focal Person on the accomplishments of the lecturer, resource person and facilitator indicating (1) name of the lecturer, resource person and facilitator, (2) the actual days/hours rendered and (3) the covered activity/topic module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Daily Time Record (DTR) for facilitators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Approved Activity/Training Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Curriculum Vitae of the lecturer, resource person and facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Certified true copy of Attendance Sheet duly signed by the DILG Training Coordinator/Focal person, in case the attendees of the activity are more than 50 participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Justification duly signed by the Head of Office, in case the activity needs two or more lecturers/resource persons in the same time slot/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Claimant / End-User Budget Accounting

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Reviewed By (sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES DIVISION CHIEFS
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Approved By (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

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HONORARIA FOR SPECIAL PROJECTS

Required Documents	Claimant	Budget	Accounting
1 Performance evaluation plan formulated by project management used as basis for rating the performance of members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Office Order designating members of the special project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Terms of Reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certificate of completion of project deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Special Project Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Authority to collect honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Certificate of acceptance by the agency head of the deliverables per project component	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HONORARIA FOR SCIENCE AND TECHNOLOGICAL ACTIVITIES

1 Office Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Plan/Program of Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Accomplishment Report/Certificate of completion of programmed activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Authority to collect honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Certificate of acceptance by the Agency Head of the deliverables/project output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAZARD DUTY PAY

1 Duly accomplished time record of employees or travel report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Copy of special order from the agency/department head covering the assignment to hazardous/difficult areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved DTR/Service Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**LONGEVITY PAY**

Required Documents	Claimant	Budget	Accounting
1 Service Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certification issued by the Personnel Officer that the claimant has not incurred more than 15 days of vacation leave without pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OVERTIME PAY**

1 Overtime authority stating the necessity and urgency of the work to be done, and the duration of overtime work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Overtime work program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Quantified Overtime accomplishment duly signed by the employee and supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certificate of service or duly approved DTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**YEAR-END BONUS (YEB) AND CASH GIFT (CG)**

**FOR INDIVIDUAL CLAIMS**

- 1 Clearance from money, property and legal accountabilities
- 2 Certification from head of Office that the employee is qualified to receive the YEB and CG benefits pursuant to DBM Budget Circular No. 2003-2 dated May 9, 2003
- 3 Other supporting document/s:
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL CLAIMS**

- 1 YEB and CG Payroll
- 2 Payroll Register (hard and soft copy)
- 3 Letter to the Bank to credit employees account of their YEB and CG claims
- 4 Deposit slips
- 5 Other supporting document/s:
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-  
User

Budget

Accounting

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(sgd.) BERNADETTE S. MUELANO
(sgd.) ARTEM G. TAGUIC
PROCESS OWNERS

Reviewed By
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(sgd.) NELIA D. FLORES
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(sgd.)
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**RETIREMENT BENEFITS**

Required Documents	Claimant	Budget	Accounting
Under RA No. 1616			
1 Updated Service record indicating the number of days on leave without pay and/or certification issued by the Human Resource Office (HRO) that the retiree did not incur any leave of absence without pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Retirement application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Office clearance from money/property accountability & administrative/criminal liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Statement of assets and liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Retirement Gratuity Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Affidavit of Undertaking for authority to deduct accountabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Affidavit of applicant that there is no pending criminal investigation or prosecution against him/her (Anti-Graft RA No. 3019)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional requirement in case of resignation</b>			
8 Employee's letter of resignation duly accepted by the Agency Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional requirements in case of death of claimant</b>			
9 Death certificate authenticated by National Statistics Office (NSO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Marriage contract authenticated by NSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Birth certificates of all surviving legal heirs authenticated by NSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Designation of next-of-kin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Waiver of rights of children 18 years old and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Affidavit of two disinterested parties that the deceased is survived by legitimate and illegitimate children (if any), natural, adopted or children of prior marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Claimant / End-User Budget Accounting

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(sgd.) ARTEM G. TAGUIC
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(sgd.) NELIA D. FLORES
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03V | Rev. 00 | Eff. Date 06.15.21

**TERMINAL LEAVE BENEFITS**

Required Documents	Claimant	Budget	Accounting
1 Clearance from money, property and legal accountability from the Central Office and from Regional Office of last assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified photocopy of employees leave card as at last date of service duly audited by the Personnel Division and COA/Certificate of leave credits issued by the Admin/ Human Resource Management Office (HRMO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved leave application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Complete service record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Statement of Assets, Liabilities and Net Worth (SALN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Certified photocopy of appointment/Notice of Salary Adjustment (NOSA) showing the highest salary received if the salary under the last appointment is not the highest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Computation of terminal leave benefits duly signed/certified by the accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Applicant's authorization (in affidavit form) to deduct all financial obligations with the employer/agency/LGU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Affidavit of applicant that there is no pending criminal investigation or prosecution against him/her (RA No. 3019)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 In case of resignation, employee's letter of resignation duly accepted by the Head of the Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional requirements in case of death of claimant:</b>			
11 Death certificate authenticated by NSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Marriage contract authenticated by NSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Birth certificates of all surviving legal heirs authenticated by NSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Designation of next-of-kin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Waiver of rights of children 18 years old and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Claimant / End-User Budget Accounting

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Reviewed By (sgd.) GAUDENCIO L. APOSTOL (sgd.) NEMIO D. FLORES DIVISION CHIEFS
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Approved By (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
---



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03W | Rev. 00 | Eff. Date 06.15.21

MONETIZATION			
Required Documents	Claimant	Budget	Accounting
1 Approved leave application (ten days) with leave credit balance certified by the Human Resource Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Request for leave covering more than ten days duly approved by the Head of Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>For monetization of 50 percent or more:</b>			
3 Clinical abstract/medical procedures to be undertaken in case of health, medical and hospital needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Barangay Certification in case of need for financial assistance brought about by calamities, typhoons, fire, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOYALTY CASH AWARD/INCENTIVE			
<b>FOR INDIVIDUAL CLAIMS</b>			
1 Service Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certificate of non-payment from previous office (for transferee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certification from the HRO that the claimant has not incurred more than 50 days authorized vacation leave without pay within the 10-year period or aggregate of more than 25 days authorized vacation leave without pay within the 5-year period, as the case may be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOR GENERAL CLAIMS</b>			
1 Loyalty Cash Award/Incentive Payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Payroll Register (hard and soft copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Letter to the Bank to credit employees' account of their salaries or other claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Deposit slips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted by:		Reviewed by:	Checked by:
Claimant / End-User		Budget	Accounting
TRACKER			
Date	Remarks		

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PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03X | Rev. 00 | Eff. Date 06.15.21

COLLECTIVE NEGOTIATION AGREEMENT (CNA) INCENTIVE

Required Documents	Claimant	Budget	Accounting
1 Resolution signed by both parties incorporating the guidelines/criteria for granting CNA incentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Comparative statement of DBM approved level of operating expenses and actual operating expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Proof of remittance to the National Treasury of its 50 percent dividends share or percentage approved by the Department of Finance on the annual earnings for income-generating GOCCs/GFIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Copy of CNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Certificate issued by the Head of the Agency on the total amount of unencumbered savings generated from cost-cutting measures identified in the CNA which resulted from the joint efforts of labor and management and systems/productivity/income improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Proof that the planned programs/activities/projects have been implemented and completed in accordance with targets for the year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER EXPENDITURES

UTILITY EXPENSES

- Statement of Account/Bill (for pre-audit purposes)
- Invoice/Official Receipt or machine validated statement of account/bill (for post-audit purposes)
- Other supporting document/s:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

TELEPHONE/COMMUNICATION SERVICES

- Statement of Account/Bill
- Invoice/Official Receipt or machine validated statement of account (for post-audit activities)
- Certification by Agency Head or his authorized representatives that all National Direct Dial (NDD), National Operator Assisted Calls and International Operator Assisted Calls are official calls
- Other supporting document/s:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

TRACKER

Date	Remarks

Please return this checklist with the fully complied requirements.  
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Prepared By (sgd.) BERNARDO TESORILANO (sgd.) ARTEM G. DAGUIC PROCESS OWNERS
---

Reviewed By (sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES DIVISION CHIEFS
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Approved By (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03Y | Rev. 00 | Eff. Date 06.15.21

**EXTRAORDINARY AND MISCELLANEOUS EXPENSES**

Required Documents	Claimant	Budget	Accounting
1 Invoices/receipts for GOCCs/GFIs and LGUs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Receipts and/or other documents evidencing disbursement, if there are available, or in lieu thereof, certification executed by the official concerned that the expense sought to be reimbursed have been incurred for any of the purposes contemplated under the provisions of the GAA in relation to or by reasons of his position, in case of NGAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PRISONER'S SUBSISTENCE ALLOWANCE**

**BY ADMINISTRATION THRU CASH ADVANCE**

- 1 GRANT OF CASH ADVANCE
  - a. Roster of Inmates duly certified by the Jail Warden/Superintendent
  - b. Certification from the concerned officials on actual number of inmates (jail population)
- 2 LIQUIDATION OF CASH ADVANCE
  - a. Roster of Inmates duly certified by the Jail Warden/Superintendent
  - b. Certification from the concerned officials on actual number of inmates (jail population)  
Summary of Committed and Released Inmates on a daily basis duly signed by the Jail Warden/Superintendent
  - c. Certificate of discharge on a daily basis, if there is any, duly signed by the Jail Warden/Duty Gater/Superintendent and other responsible officials
  - d. Report of disbursement duly supported with necessary documents depending on the nature of expenses
- 3 Other supporting document/s:
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_

**BY CATERING CONTRACT**

- 1 Roster of Inmates duly certified by the Jail Warden/Superintendent
- 2 Certification from the concerned officials on actual number of inmates (jail population)
- 3 Summary of Committed and Released Inmates on a daily basis duly signed by the Jail Warden/Superintendent
- 4 Certificate of discharge on a daily basis, if there is any, duly signed by the Jail Warden/Duty Gater/Superintendent and other responsible officials
- 5 Other supporting document/s:
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

**TRACKER**

Date	Remarks

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Prepared By (sgd.) BERNADETTE S. MEJILLANO (sgd.) ARTEM G. TAGLIC PROCESS OWNERS
---

Reviewed By (sgd.) GAUDENCIO L. APOSTOL (sgd.) NELA D. FLORES DIVISION CHIEFS
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Approved By (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
---



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03Z | Rev. 00 | Eff. Date 06.15.21

ALL TYPES OF PROCUREMENT THROUGH PUBLIC BIDDING

Required Documents	Claimant	Budget	Accounting
1. Authenticated photocopy of the approved APP and any amendment thereto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Approved contract submitted to COOA 5 days from its execution, supported by the ff:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Invitation to Apply for Eligibility to Bid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Letter of Intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Results of Eligibility Check/Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bidding Documents which include 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 Terms of Reference (TOR) for consultancy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Minutes of Pre-bid Conference, (ABC of 1M and above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Agenda and/or Supplemental Bulletins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Bidder's Technical and Financial Proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Minutes of Bid Opening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Abstract of Bids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Post-Qualification Report of TWG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. BAC Resolution declaring winning bidder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Notice of Post Qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. BAC resolution recommending approval by the HOPE of the Resolution of the BAC recommending award of contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Notice of Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Performance Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Program of Work and Detailed Estimates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Notice to Proceed, indicating the date of receipt by the contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Detailed breakdown of the ABC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Copy of the approved PERT/CPM Network Diagram and detailed computations of Contract Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Detailed Breakdown of the Contract Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of Advertisement of Invitation to Bid/Request for expression of interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Documentary requirements under Sections 23.1 and 25.2b for infrastructure projects, 23.1 and 25.2a for goods, and 24.1 and 25.2c for consulting services of the Revised IRR of RA No. 9184	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Minutes of Pre-procurement Conference for projects costing above 5M for infrastructure, and 1M and above for consulting services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Bid Evaluation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ranking of short listed bidders for consulting services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Post Qualification Evaluation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Print-out copy of Notice of Award, Notice to Proceed and Contract of Award in the PhilGEPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. For LGUs, Board Resolution authorizing the LCE to enter into contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Evidence of Invitation of three observers in all stages of the procurement process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Request for purchase or requisition of supplies, materials, and equipment duly approved by proper authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: Reviewed by: Checked by:

Claimant / End-User Budget Accounting

TRACKER

Date	Remarks

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Prepared By
(sgd.) BERNARDETTE S. MELLANO
(sgd.) ARTEM G. TAGUIC
PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NELSA D. FLORES
DIVISION CHIEFS

Approved By
(sgd.)
DIRECTOR & JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AA | Rev. 00 | Eff. Date 06.15.21

**INFRASTRUCTURE**

Required Documents	Claimant	Budget	Accounting
<b>ADDITIONAL DOCUMENTARY REQUIREMENTS:</b>			
1 Letter request from contractors for advance/progress/final payment or for substitution in case of release of retention money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Common to progress/final payments			
a. Statement of Work Accomplished/Progress Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inspection Report by the Agency's Authorized Engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Results of Test Analysis, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Statement of Time Elapsed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Monthly Certificate of Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Contractor's Affidavit on payment of laborers and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pictures, before, during and after construction of items of work especially the embedded items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Photocopy of vouchers of all previous payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Certificate of completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:			
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADVANCE PAYMENT**

<b>ADDITIONAL DOCUMENTARY REQUIREMENTS:</b>			
1 Irrevocable Standby Letter of Credit/Security Bond/Bank Guarantee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof			
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_  
Claimant / End-User Budget Accounting

**TRACKER**

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Prepared By  (sgd.) BERNADETTE S. MEJILLANO (sgd.) ARTEN G. TAGUIC PROCESS OWNERS
---

Reviewed By  (sgd.) GAUDENCIO L. APOSTOL (sgd.) NENAD D. FLORES DIVISION CHIEFS
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Approved By  (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
---



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03AB | Rev. 00 | Eff. Date 06.15.21

VARIATION ORDER/ CHANGE ORDER/EXTRAWORK ORDER

Required Documents	Claimant	Budget	Accounting
<b>ADDITIONAL DOCUMENTARY REQUIREMENTS:</b>			
1 Copy of Approved Variation Order/ Change Order/ Extra Work Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Copy of Approved original plans indicating the affected portions of the project and duly revised plans and specifications, if applicable, indicating the changes made which shall be color coded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Copy of the agency's report establishing the necessity/justifications for the need of such CO and/or EWO which shall include (a) Computation as to quantities of the add'l works involved per item indicating the specific stations where such works are needed (b) date of inspection conducted and the results (c) detailed estimate of the unit cost of such items of work for new unit costs including those expressed in volume/area/lump-sum lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Copy of the approved/revised PERT/CPM Network Diagram which shall be color coded reflecting the effect of additional/deductive time on the contract period and the corresponding detailed computations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Copy of the COA Technical Evaluation Report for the original contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If the variation order to be reviewed is not the 1 <sup>st</sup> variation order, all the above requirements for all the previously approved variation orders, if not yet reviewed, otherwise, copy of the COA Technical Evaluation Report of the previously approved Variation Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Additional Performance security in the prescribed form and amount if variation order exceeds 10% of the original contract cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This document is UNCONTROLLED/PROGRESS PAYMENT LOADED and/or PRINTED.  
Always refer to the Documented Information Management System for the Controlled Copy

ADDITIONAL DOCUMENTARY REQUIREMENTS:	Claimant	Budget	Accounting
1 Request for Progress Payment for Work Accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Statement of Work Accomplished (SWA)/Progress Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by:	Reviewed by:	Checked by:
_____	_____	_____
Claimant / End-User	Budget	Accounting

TRACKER

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Prepared By
(sgd.) BERNARDITA S. MEJILLANO
(sgd.) ARTEM G. TAGUIC
PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NELIA D. FLORES
DIVISION CHIEFS

Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03AC | Rev. 00 | Eff. Date 06.15.21

FINAL PAYMENT			
Required Documents	Claimant	Budget	Accounting
<b>ADDITIONAL DOCUMENTARY REQUIREMENTS:</b>			
1 As-Built plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Warranty security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Clearance from the Provincial Treasurer that the corresponding sand and gravel fees have been paid [DPWH Department Order (DO) No. 109 s. 1993 dated May 4, 1993 and DO No. 119 s. 1993 dated May 11, 1993]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Copy of turn over documents/transfer of project and facilities such as motor vehicle, laptops, other equipment and furniture included in the contract to concerned government agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RELEASE OF RETENTION MONEY</b>			
<b>ADDITIONAL DOCUMENTARY REQUIREMENTS:</b>			
1 Any security in the form of cash, bank guarantee, irrevocable standby letter of credit from a commercial bank, GSIS or surety bond callable on demand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certification from the end-user that the project is completed and inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONSULTING SERVICES</b>			
<b>ADDITIONAL DOCUMENTARY REQUIREMENTS:</b>			
1 If not in the Terms of Reference, appropriate approved documents indicating the expected outputs/deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Copy of the Approved Manning Schedule indicating the names and positions of the consultants and staff and the extent of their participation in the project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Copy of the curriculum vitae of the consultants and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Letter request for payment from the consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Approved Consultancy Progress/Final Reports, and/or output required under the contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Progress/Final Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Contract of Infrastructure Projects subject of Project Management Consultancy Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Submitted by: _____ Reviewed by: _____ Checked by: _____</b>			
<b>Claimant / End-User _____ Budget _____ Accounting _____</b>			
<b>TRACKER</b>			
Date	Remarks		

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Prepared By
(sgd.) BERNARDETTE S. MELLANO
(sgd.) ARTEM G. YAGUIC
PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NELIA D. FLORES
DIVISION CHIEFS

Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03AD | Rev. 00 | Eff. Date 06.15.21

SUPPLIES, MATERIALS, EQUIPMENT AND MOTOR VEHICLE

Required Documents	Claimant	Budget	Accounting
<b>ADDITIONAL DOCUMENTARY REQUIREMENTS:</b>			
1 Certificate of Exclusive Distributorship, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Samples and brochures/photographs, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 For Imported Items:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Consular Invoice/Pro-forma invoice of the foreign supplier with the corresponding details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Home Consumption Value of the items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Breakdown of the expenses incurred in the importation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Original copy of Dealers/Suppliers' Invoices showing the duly signed by the dealer or his representative, and indicating receipt by the proper agency official of items delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Results of Test Analysis, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Tax receipts from the Bureau of Customs or the BIR indicating the exact specifications and/or serial number of the equipment procured by the government as proof of payment of all taxes and duties due on the same equipment, supplied or sold to the government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Inspection and Acceptance Report prepared by the Department/Agency property inspector and signed by the Head of Agency or his authorized representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 For equipment, Property Acknowledgment Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 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 non-expendable supplies, after acceptance by the procuring entity of the delivered supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Request for purchase of supplies, materials and equipment duly approved by proper authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 In case of motor vehicles, authority to purchase from:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Agency head and Secretary of DBM, or OP depending on the type of vehicle being provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local Chief Executives, including Punong Barangay, for types of vehicles enumerated under Section 7 of AO No. 233 sourced from their unencumbered local funds and if chargeable under the GAA, either from the DBM or OP depending on the type of vehicles purchased (Sections 7 to 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 For procurement of drugs and medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Certificate of product registration from Food and Drug Administration (FDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Certificate of good manufacturing practice from FDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Batch Release Certificate from FDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/dealer of the products/items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

TRACKER

Date	Remarks

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Prepared By
(sgd.) BERNARDO TES M. JULLANO
(sgd.) ARTEM G. TAGUIC
PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NELIA D. FLORES
DIVISION CHIEFS

Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03AE | Rev. 00 | Eff. Date 06.15.21

GENERAL SUPPORT SERVICES (JANITORIAL, SECURITY, MAINTENANCE, GARBAGE COLLECTION AND DISPOSAL AND SIMILAR SERVICES)

Required Documents	Claimant	Budget	Accounting
<b>ADDITIONAL DOCUMENTARY REQUIREMENTS:</b>			
1 For janitorial/security/maintenance services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Appropriate approved documents indicating the following:			
a.1 The number of personnel involved and their corresponding rates/salary			
a.2 Schedule of work and places of assignment or station/visits indicating, among others, the number of hours per visit			
a.3 The type and number of equipment to be served (in case of visitorial maintenance service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The scaled floor plans of the building and other area/s covered by the service contract (for janitorial services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The group classification of personnel to determine the Equivalent Equipment Monthly Statutory Minimum Wage Rate in accordance with the applicable Rules Implementing RA No. 6727	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Approved documents indicating the minimum requirements of the agency on the number of security personnel to be involved in the project (for security service contract)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The population of the agency where the services are rendered (for security service controls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Detailed description of the maintenance services to be rendered or activities to be performed (for maintenance service contracts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 For Garbage Collection and Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Complete description/specifications (brand name, model, make/country of origin, hp, piston displacement, capacity) and number of units of dump trucks to be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Complete descriptions/specifications (age, condition, brand, etc.) and number of units of all other equipment to be rented/used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appropriate approved documents containing the terms and conditions, whether operated or bare rental for heavy equipment, whether per trip or package deal; and other relevant condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The designated dumpsite/location of dumpsite (if provided in a separate document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The measurement in kilometers of the total distance covered by one complete route for all the required routes to be traveled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Estimated volume in cubic meters of garbage to be hauled from area of operation, including the basis for such estimates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. In cases where the type of contract differs from the usual per trip contract basis, sufficient justification and comparative analysis between the type of contract adopted against the basic per trip type of contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 For forwarding/shipping/hauling contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. The type/kind and technical description of the mode of transportation used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The point of origin and destination including the estimated distance/s if transported by land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The estimated weight and volume of cargoes involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Accomplishment Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Request for payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Contractor's Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Certificate of Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Record of Attendance/Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Proof of remittance to concerned government agency and/or GOCCs [BIR/Social Security System (SSS)/Pag-Ibig]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

TRACKER

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Prepared by:  
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ARTURO C. TAGUIC  
PROCESS OWNERS

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NELIA D. FLORES  
DIVISION CHIEFS

Approved by:  
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DIRECTOR SARA JANE M. CEREZO  
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AF | Rev. 00 | Eff. Date 06.15.21

RENTAL CONTRACTS			
Required Documents	Claimant	Budget	Accounting
<b>ADDITIONAL DOCUMENTARY REQUIREMENTS:</b>			
1 For privately-owned office/building:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Complete copy of the building floor plans indicating in shaded colors the rentable space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Copy of the Certificate of Occupancy of the building or appropriate approved documents showing the date the building was constructed or age of the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Complete description of the building as to type, kind and class including its component parts and equipment facilities such as, but not limited to, parking areas, elevators, air-conditioning systems, firefighting equipment, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Copy of the Master of Deed Declaration and Restrictions in case of lease/rental of office condominiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 For equipment rental/lease/purchase contract:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Agency evaluation of equipment utilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pertinent data of area of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 List of prevailing comparable property within vicinity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Vicinity map	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Request for payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Bill/Invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Certificate of occupancy (space/building)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REPAIR AND MAINTENANCE OF AIRCRAFT, EQUIPMENT AND MOTOR VEHICLES			
<b>ADDITIONAL DOCUMENTARY REQUIREMENTS:</b>			
1 Copy of the pre-repair evaluation report and approved detailed plans by the agency showing in sufficient detail the scope of work/extent of repair to be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Copy of the latest service bulletin, in case of aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Report of waste materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Copy of document indicating the history of repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Post-inspection reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Warranty Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Request for payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Bill/Invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Certificate of Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Pre-repair inspection reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

TRACKER	
Date	Remarks

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Prepared By:  (sgd.) BERNARDYTE M. MALLANO (sgd.) ARTEM G. TAGUIC PROCESS OWNERS
--

Reviewed By:  (sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES DIVISION CHIEFS
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Approved By:  (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
--



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03AG | Rev. 00 | Eff. Date 06.15.21

PROCUREMENT THROUGH LIMITED SOURCE BIDDING

Required Documents	Claimant	Budget	Accounting
1 Purchase Order/Letter Order/Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Proof of posting of invitation or request for submission of price quotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Performance and warranty securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 BAC resolution recommending and justifying to the HOPE the use of alternative mode of procurement, approval by the HOPE of the BAC resolution recommending award of contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Proof of posting of Notice of Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved Procurement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Request for purchase or requisition of supplies, materials and equipment, duly approved by proper authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Original copy of the delivery invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Duly accomplished Inspection and Acceptance Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Approval by the HoPE or his duly authorized representative on the use of alternative m method of procurement, as recommended by BAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Statement of the prospective bidder that it is not blacklisted or barred from bidding by th the Gov't or any of its agencies, offices, corporations or LGUs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Sword affidavit of the bidder that it is not related to the HOPE by consanguinity or affinity up to the third civil degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Copy of direct invitation to bid served by the concerned agency to all suppliers or consultants appearing in the pre-selected list of manufacturers/suppliers/ distributor with known experience and proven capability on the requirements of the particular contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Winning bidder's offer or proposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Abstract of bids showing the most responsive and complying bidder from among the other bidders who participated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Notice of Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Documentary requirements under Sections 23.1 and 25.2b for infrastructure projects, 23.1 and 25.2a for goods, and 24.1 and 25.2c for consulting services of the Revised IRR of RA No. 9184	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review an in the technical evaluation thereof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Bid security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by:

Reviewed by:

Checked by:

Claimant / End-  
User

Budget

Accounting

TRACKER

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Prepared By

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ARTEM G. TACUIC

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AH | Rev. 00 | Eff. Date 06.15.21

**PROCUREMENT THROUGH DIRECT CONTRACTING**

Required Documents	Claimant	Budget	Accounting
1 Purchase Order/Letter Order/Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Proof of posting of invitation or request for submission of price quotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Performance and warranty securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 BAC resolution recommending and justifying to the HOPE the use of alternative mode of procurement, approval by the HOPE of the BAC resolution recommending award of contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Proof of posting of Notice of Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved Procurement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Request for purchase or requisition of supplies, materials and equipment, duly approved by proper authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Original copy of the delivery invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Duly accomplished Inspection and Acceptance Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Approval by the HoPE or his duly authorized representative on the use of alternative method of procurement, as recommended by BAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Statement of the prospective bidder that it is not blacklisted or barred from bidding by the Gov't or any of its agencies, offices, corporations or LGUs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Sworn Affidavit of the bidder that it is not related to the HOPE by consanguinity or affinity up to the 3rd civil degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Copy of letter to selected manufactures/supplier/distributor to submit a price quotation and conditions of sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Certificate of Exclusive Distributorship issued by the principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Certification from the agency's authorized official that there are no sub-dealers selling at lower prices and for which no suitable substitute can be obtained at more advantage to the govt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Certification of the BAC in case of procurement at critical plant components and/or to maintain certain standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Study/survey done to determine the there are no sub-dealers selling at lower prices and for which no suitable substitute can be obtained at more advantage to the govt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-  
User

Budget

Accounting

**TRACKER**

Date	Remarks

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Prepared By  (sgd.) <b>BERNADETTE S. MELLANO</b> (sgd.) <b>ARTEMIO YAGUIC</b> PROCESS OWNERS
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Approved By  (sgd.) <b>DIRECTOR SARA JANE M. CEREZO</b> FMS DEPUTY QMR
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03AI | Rev. 00 | Eff. Date 06.15.21

PROCUREMENT THROUGH REPEAT ORDER

Required Documents	Claimant	Budget	Accounting
1 Purchase Order/Letter Order/Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Proof of posting of invitation or request for submission of price quotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Performance and warranty securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 BAC resolution recommending and justifying to the HOPE the use of alternative mode of procurement, approval by the HOPE of the BAC resolution recommending award of contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Proof of posting of Notice of Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved Procurement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Request for purchase or requisition of supplies, materials and equipment, duly approved by proper authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Original copy of the delivery invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Duly accomplished Inspection and Acceptance Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Approval by the HOPE or his duly authorized representative on the use of alternative method of procurement, as recommended by BAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Statement of the prospective bidder that it is not blacklisted or barred from bidding by the Gov't or any of its agencies, offices, corporations or LGUs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Sworn Affidavit of the bidder that it is not related to the HOPE by consanguinity or affinity up to the 3rd civil degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Copy of the original contract used as basis for repeat order indicating that it was awarded thru public bidding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Certification from the Purchasing Dept/Office that the supplier has complied with all the requirements under the original contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Claimant / End-User: \_\_\_\_\_ Budget: \_\_\_\_\_ Accounting: \_\_\_\_\_

TRACKER

Date	Remarks

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Prepared By: \_\_\_\_\_  
(sgd.)  
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(sgd.)  
ARTEM C. TAGUIC  
PROCESS OWNERS

Reviewed By: \_\_\_\_\_  
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DIVISION CHIEFS

Approved By: \_\_\_\_\_  
(sgd.)  
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03A | Rev. 00 | Eff. Date 06.15.21

**PROCUREMENT THROUGH SHOPPING**

Required Documents	Claimant	Budget	Accounting
1 Purchase Order/Letter Order/Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Proof of posting of invitation or request for submission of price quotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Performance and warranty securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 BAC resolution recommending and justifying to the HOPE the use of alternative mode of procurement, approval by the HOPE of the BAC resolution recommending award of contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Proof of posting of Notice of Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved Procurement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Request for purchase or requisition of supplies, materials and equipment, duly approved by proper authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Original copy of the delivery invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Duly accomplished Inspection and Acceptance Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Approval by the HoPE or his duly authorized representative on the use of alternative method of procurement, as recommended by BAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Statement of the prospective bidder that it is not blacklisted or barred from bidding by the Gov't or any of its agencies, offices, corporations or LGUs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Sworn Affidavit of the bidder that it is not related to the HOPE by consanguinity or affinity up to the 3rd civil degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Price quotations from at least three bonafide and reputable manufacturers/suppliers/distributors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Abstract of canvass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

**TRACKER**

Date	Remarks

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Prepared By
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Reviewed By
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03AK | Rev. 00 | Eff. Date 06.15.21

NEGOTIATED PROCUREMENT			
Required Documents	Claimant	Budget	Accounting
1 Purchase Order/Letter Order/Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Proof of posting of invitation or request for submission of price quotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Performance and warranty securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 BAC resolution recommending and justifying to the HOPE the use of alternative mode of procurement, approval by the HOPE of the BAC resolution recommending award of contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Proof of posting of Notice of Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved Procurement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Request for purchase or requisition of supplies, materials and equipment, duly approved by proper authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Original copy of the delivery invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Duly accomplished Inspection and Acceptance Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Approval by the HoPE or his duly authorized representative on the use of alternative method of procurement, as recommended by BAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Statement of the prospective bidder that it is not blacklisted or barred from bidding by the Gov't or any of its agencies, offices, corporations or LGUs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Sword affidavit of the bidder that it is not related to the HOPE by consanguinity or affinity up to the third civil degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN CASE OF TWO FAILED BIDDINGS, EMERGENCY CASES, TAKE-OVER OF CONTRACT AND SMALL VALUE PROCUREMENT:			
13 Price quotation/bids/final offers from at least be three invited suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Abstract of submitted Price Quotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 BAC Resolution recommending award of contract to Lowest Calculated Responsive Bid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN CASE OF TWO FAILED BIDDINGS:			
16 Agency's offer for negotiations with selected suppliers, contractors or consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Certification of BAC on the failure of competitive bidding for the second time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Evidence of invitation of observers in all stages of the negotiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Eligibility documents in case of infrastructure projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN EMERGENCY CASES:			
20 Justification as to the necessity of purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN CASE OF TAKE-OVER OF CONTRACTS:			
21 Copy of terminated contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Reasons for the termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Negotiation document with the second lowest calculated bidder or the third lowest calculated bidder in case of failure of negotiation with the second lowest bidder. If negotiation fails, invitation to at least three invited suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Approval by the Head of the Procuring Agency to negotiate contracts for projects under exceptional cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN CASE OF SMALL VALUE PROCUREMENT:			
25 Letter/invitation to submit proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR ADJACENT OR CONTIGUOUS PROJECTS:			
26 Original contract and any document indicating that the same resulted from competitive bidding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Scope of work which should be related or similar to the scope of work of the original contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Latest Accomplishment Report of the original contract showing that there was no negative slippage/delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted by:		Reviewed by:	Checked by:
Claimant / End-User		Budget	Accounting
TRACKER			
Date	Remarks		

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03AL | Rev. 00 | Eff. Date 06.15.21

ADVERTISING EXPENSES

Required Documents	Claimant	Budget	Accounting
ADDITIONAL DOCUMENTARY REQUIREMENTS:			
1 Bill/Statement of Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Copy of newspaper clippings evidencing publication and/or CD in case of TV/Radio commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:			
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: Reviewed by: Checked by:

Claimant / End-  
User

Budget

Accounting

TRACKER

Date	Remarks

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(sgd.)  
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AM | Rev. 00 | Eff. Date 06.15.21

**FOR PROCUREMENT THROUGH AUTOMATIC DEBIT ARRANGEMENT (ADA) OR DIRECT PAYMNET**

Required Documents	Claimant	Budget	Accounting
1 Same documents required under goods, infrastructure or consulting services depending on the mode of procurement adopted and the nature of expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Letter request from the Head of the Agency to the Bank to pay/credit the account of the supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Confirmation from the bank that the account of the supplier has already been credited (for post audit purposes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CULTURAL AND ATHLETIC ACTIVITIES**

1 Budget estimates approved by the Head of Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HUMAN RESOURCE DEVELOPMENT AND TRAINING PROGRAM**

1 Budget estimates approved by the Head of Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Schedule of training approved by the Head of the Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**FINANCIAL EXPENSES**

1 Loan Agreements/Memoranda of Agreement together with supporting documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Statement of Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Bank Debit memos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: _____	Reviewed by: _____	Checked by: _____
Claimant / End-User	Budget	Accounting

**TRACKER**

Date	Remarks

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Reviewed By:  (sgd.) GAUDENCIO L. APOSTOL (sgd.) NELSON D. FLORES DIVISION CHIEFS
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Approved By:  (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
--



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AN | Rev. 00 | Eff. Date 06.15.21

**SALARY OF CONTRACT OF SERVICE (COS)/JOB ORDERS (JO)**

Required Documents	Claimant	Budget	Accounting
1 Certified Copy of Notarized Contract received by COA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Original and Approved DTR (In case of handwritten entries, shall be supported with Raw Swipe from PD or Logbook Entries duly certified by the CSU, AS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Original Accomplishment Report, noted by immediate supervisor/ IPCR for the period claimed signed by the immediate supervisor and Head of Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Duly signed SPSMS Monthly DPCR Monitoring Form No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 DO/PTL noted by the CSU/TO and CA for official travels/businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 DO if Exempted on Using the Biometrics Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Original Certificate of Services rendered (signed by immediate supervisor) (If exempted to the usage of biometrics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Photocopy of BIR Certifications (BIR Forms 1901/0605, Certificate of Registration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Members Data Record (MDR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Clearance (end of Contract/resignation/termination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Overtime Order (for rendered OT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Accomplishment Report (Report duly certified by Supervisors for rendered OT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Permission Slip, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 For community facilitators:			
a. Work Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Implementation Diary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Overtime Slip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Other supporting document/s:			
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Submitted by:	Reviewed by:	Checked by:
_____ Claimant / End-User	_____ Budget	_____ Accounting

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(sgd.) NELLA D. FLORES
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Approved By:
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AO | Rev. 01 | Eff. Date 09.01.24

DEATH CLAIM BENEFIT			
Required Documents	Claimant	Budget	Accounting
1 Death Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Marriage Contract (authenticated by PSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Certified True Copy of Marriage Certificate (If the claimant is the widow/widower of the DBO;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Birth Certificate of all surviving heir (authenticated by PSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Birth Certificate (if the claimant is the son/daughter of the DBO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified True copy of birth certificate of the deceased or affidavit of two (2) disinterested parties (if the deceased barangay official is single and the claimant is his/her parent/brother/sister)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Waiver of right of children 18 years old and below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Waiver of rights if there is more than one beneficiary in cases of siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Affidavit of guardianship if the deceased is the widow/widower/ single if the claimant is the guardian of the children who are minors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 In the absence of the primary and secondary beneficiaries, the claimant may present valid ID or certification from the barangay that the claimant is a resident of the barangay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Special Power of attorney, in case claimant/s cannot personally do the transaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Valid ID of Claimant/Beneficiary but not limited to: Voter's ID, Driver's License, Postal ID, Passport, Certification from the Barangay that he/she is a resident of the said barangay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Other supporting document/s: Certification that the barangay official was incumbent at the time of his/her death using a prescribed template (issued by the DILG C/MLG00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASH ADVANCES FOR TRAINING EXPENSE			
1 Department Order/Regional Training Order/Regional Order/Travel Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Other supplemental documents supporting the amount (e.g Invitation Letter, Memo, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted by: _____ Reviewed by: _____ Checked by: _____			
Claimant / End-User _____ Budget _____ Accounting _____			
TRACKER			
Date	Remarks		

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AP | Rev. 01 | Eff. Date 08.01.22

**HONORARIA OF LTIA BOARD MEMBERS/OTHER FORMS OF HONORARIA**

Required Documents	Claimant	Budget	Accounting
1 Department Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Accomplishment Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Computation/Basis of amount of honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MID-YEAR BONUS (MYB)**

**FOR INDIVIDUAL CLAIMS**

- 1 Clearance from money, property and legal accountabilities
- 2 Certification from head of Office that the employee is qualified to receive the MYB
- 3 Other supporting document/s:
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL CLAIMS**

- 1 MYB Payroll
- 2 Payroll Register (hard and soft copy)
- 3 Letter to the Bank to credit employees account of their MYB claims
- 4 Deposit slips
- 5 Other supporting document/s:
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_  
Claimant / End-User Budget Accounting

**TRACKER**

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Division Chiefs

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FMS Deputy QMR

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AQ | Rev. 00 | EIL Date 06.15.21

**PERFORMANCE BASED BONUS (PBB)**

Required Documents	Claimant	Budget	Accounting
1 PBB Payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Guidelines, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certification from the Personnel Div.,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certification of Non-receipt of Bonus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERFORMANCE ENHANCEMENT INCENTIVE (PEI)/SERVICE RECOGNITION INCENTIVE (SRI)**

1 Payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Guidelines, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certification from the Personnel Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certification of Non-receipt of Bonus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REPRESENTATION EXPENSES**

1 Official Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Minutes of Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Summary of Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Notice of Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Guest List/Attendance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

**TRACKER**

Date	Remarks

Please return this checklist with the fully complied requirements.  
Claims without the attached checklist will not be processed.

Prepared By
(sgd.) BERNADETTE S. MEJILLANO
(sgd.) ARTEM G. TAGUIC
PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NELIA D. FLORES
DIVISION CHIEFS

Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AR | Rev. 00 | Eff. Date 06.15.21

**PLANE TICKETS THRU TRAVEL AGENCY**

Required Documents	Claimant	Budget	Accounting
1 Billing Statement/Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Department Order/Regional Order/Travel Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Plane Tickets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Boarding Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Invitation, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEALS (reimbursement)**

1 Certified Correct Attendance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certificate of Attendance duly signed by the Head Of Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Approved Activity Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 3 Quotations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Approved PPMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Official Receipts/Cash invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Activity Report/Minutes of the Meeting/Program of Activities signed by the Head of Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Purchase Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Inspection & Acceptance Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_  
Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

**TRACKER**

Date	Remarks

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Prepared By:
(sgd.) BERNARDETTE S. MALLANO
(sgd.) ARTHUR G. DAGUIC
PROCESS OWNERS

Reviewed By:
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NELLO D. FLORES
DIVISION CHIEFS

Approved By:
(sgd.) DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AS | Rev. 01 | Eff. Date 08.01.22

**CATERING, LEASE OF VENUE AND ACCOMMODATION**

Required Documents	Claimant	Budget	Accounting
1 Certified Correct Attendance Sheet signed per day -(AM and PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Original Statement of Account/Charge Invoice/Delivery Receipt/Bill or Official Receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Notarized Contract Received by COA/Approved Purchase Order/Job Order/MOA and comment of Legal Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Justification on the late submission of Contract to COA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Photocopy of Approved Activity Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 3 Quotations (with menu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Photocopy of Approved APP/PPMP/Supplemental PPMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 BAC Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Certificate of Availability of Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Certificate of Attendance signed by the Head of Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Justification if the amount exceeded the allowable allocation/contract price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Justification if no. of participants is less than the guaranteed participants in the contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Program of Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Omnibus Sworn Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Cert. of Registration from PhilGEPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Latest Income/Business Tax Return and Business Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Approved Purchase Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 PhilGeps Posting for catering services Php 50,000 and above, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 PhilGEPS posting of Award of Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Abstract of Quotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Duly Signed Inspection and Acceptance Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Terminal Report/Post Activity Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Order/Memorandum for the conduct of training/seminar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Notice of Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Notice to Proceed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Requisition and Issue Slip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Registration Card/Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Order Slip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Invitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Office/Travel Order of Visitors, for indirect invitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Actual Menu Served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Rooming List/Guest Folio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Letter of Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Compliance Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-  
User

Budget

Accounting

**TRACKER**

Date	Remarks

Please return this checklist with the fully complied requirements.  
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Prepared By
(sgd.) BERNARDETTE M. MILLANO (sgd.) ARTEM G. TAGULIC
Process Owners

Reviewed By
(sgd.) GAUDENCIO LAPOSTOL (sgd.) NELIA D. FLORES
Division Chiefs

Approved By
(sgd.) SARA JANE M. CEREZO
FMS Deputy QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03AT | Rev. 00 | Eff. Date 06.15.21

SUPPLIES PURCHASED THRU PS-DBM

Required Documents	Claimant	Budget	Accounting
1 Original copy of Approved Purchase Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Original copy of Approved and Funded APR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Photocopy of Approved Approved PPMP-highlight the items to be procured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Changes on the amount in the PR should be typewritten and initialed by authorized official (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Price Quotation and Stock Availability Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Purchase Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Duly Accomplished IAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 RIS/ICS/PAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Training/Activity Design, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Annual Procurement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT FOR MOBILIZATION FEE

1 Irrevocable Standby Letter of Credit/ Security bond/Bank Guarantee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Submitted by:	Reviewed by:	Checked by:
_____	_____	_____
Claimant / End-User	Budget	Accounting

TRACKER

Date	Remarks

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Prepared By
(sgd.) BERNARDO T. MEJILLANO
(sgd.) ARTEM C. JAGUIC
PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NELIA D. FLORES
DIVISION CHIEFS

Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR

<b>DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT</b> <b>PROCESSING AND PAYMENT OF CLAIMS CHECKLIST</b>		FM-QP-DILG-FMS-RO-16-03AU   Rev. 00   Eff. Date 06.15.21		
REMITTANCE TO BUREAU OF TREASURY (BTr)/LOCAL GOVERNMENT ACADEMY (LGA)/NATIONAL GOVERNMENT AGENCIES (NGAs)/ LOCAL GOVERNMENT UNITS (LGUS)				
Required Documents	Claimant	Budget	Accounting	
1 Report of Balances/Report of Disbursements/ Disbursement Vouchers/ Subsidiary Ledgers/Schedule of Balances, whichever is applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Project Proposal, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REMITTANCES TO VARIOUS FINANCIAL INSTITUTIONS				
1 Summary of Remittance (Employee and/or Employer Contributions) signed by the Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REFUND TO EMPLOYEES				
A. TAX REFUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 Payroll/Tax Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. REFUND DUE TO UNREMITTED SALARY LOAN, CONTRIBUTIONS, ETC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 Certificate of non-inclusion in the remittance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Certification that the refund is made due to renewal of loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Certification that the refund is made due to full repayment of loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Copy of payroll/payslip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RETURN OF UNUTILIZED FUNDS				
1 Subsidiary ledger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CANCELLED/ STALE CHECK				
1 Copy of cancelled/staled check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Letter request for replacement of check, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Submitted by: _____		Reviewed by: _____	Checked by: _____	
Claimant / End-User		Budget	Accounting	
TRACKER				
Date	Remarks			

Please return this checklist with the fully complied requirements.  
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Prepared by: <div style="text-align: center;">               (sgd.)              BERNADETTE S. MILLANO                (sgd.)              ARTEM G. YANGU              PROCESS OWNERS           </div>
--

Reviewed By: <div style="text-align: center;">               (sgd.)              GAUDENCIO J. APOSTOL                (sgd.)              NELVA D. FLORES              DIVISION CHIEFS           </div>
---

Approved by: <div style="text-align: center;">               (sgd.)              DIRECTOR SARA JANE M. CEREZO              FMS DEPUTY QMR           </div>
---



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03AV | Rev. 00 | Eff. Date 06.15.21

FIDELITY BOND			
Required Documents	Claimant	Budget	Accounting
1 Notice of Renewal from BTr or Request for Bonding and/or Cancellation of Bond of Accountable Officials and Employees, whichever is applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 List of Accountable Public Officers and Employees/List of Bonded Officials certified by CAO (Form N - New/Form B - Renewal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Form 57A with ID Picture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Form 58A with ID Picture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Official receipt, in case of reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Confirmation, in case of reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Statement of Assets, Liabilities and Net worth (SALN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Regional Order - Designation of Bonded Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING INSURANCE			
1 Inventory for Office Furniture, Fixtures, Machineries, Equipment, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VEHICLE INSURANCE (GSIS)/LTO REGISTRATION			
1 Duly Accomplished Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Renewal Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certificate of Availability of funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Photocopy of latest LTO OR/CR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Stencils of motor/engine and chassis/serial numbers, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Pictures (four sides of the vehicle) with date taken, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Invoice Receipt of Property in case not in the name of the agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Estimates from GSIS/Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Estimates from LTO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Emission Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Billing Statement/Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AWARDS AND INCENTIVES			
1 Department Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Memorandum of Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted by:		Reviewed by:	Checked by:
_____		_____	_____
Claimant / End-User		Budget	Accounting
TRACKER			
Date	Remarks		

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Prepared By:
(sgd.) BERNARDETTE S. MEJILLANO (sgd.) ARTEM C. TAGOIE PROCESS OWNERS

Reviewed By:
(sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES DIVISION CHIEFS

Approved By:
(sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AW | Rev. 00 | Eff. Date 06.15.21

LEASE PURCHASE			
Required Documents	Claimant	Budget	Accounting
1 Original copy of the Notarized contract received by COA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Original Purchase Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 3 Quotations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Photocopy of Approved PPMP/BAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Photocopy of Certificate of Sole Distributorship(Exclusive Dealer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Photocopy of Statement of Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Original copy of the Property Acknowledgement Receipt (PAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Photocopy of Income/Business Tax Return & Business Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Photocopy of Cert. of Registration from PhilGEPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBSCRIPTIONS			
1 BAC Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 PPMP/Approved APP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Contract received by COA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Statement of Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Delivery Receipt/Certification of Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Approved Purchase Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COURIER			
1 Statement of Account/Billing/Charge Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Approved Purchase Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Official Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted by: _____		Reviewed by: _____	Checked by: _____
Claimant / End-User		Budget	Accounting
TRACKER			
Date	Remarks		

Please return this checklist with the fully complied requirements.  
Claims without the attached checklist will not be processed.

Prepared By (sgd.) BERNADETTE S. MEJILLANO (sgd.) ARTEM C. DAGDAG PROCESS OWNERS
---

Reviewed By (sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES DIVISION CHIEFS
---

Approved By (sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR
---



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RD-16-83AX | Rev. 00 | Eff. Date 06.15.21

RELEASE OF ASSISTANCE FOR FORMER REBELS (FRS) E-CLIP

Required Documents	Claimant	Budget	Accounting
<b>A. FOR REINTEGRATION ASSISTANCE, IMMEDIATE ASSISTANCE AND LIVELIHOOD ASSISTANCE</b>			
1 JAPIC Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 E-CLIP Enrolment Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. FIREARMS REMUNERATION</b>			
1 Property Turn-In Slip (PTIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Technical Inspection Report (TIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Cost Valuation Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. FOR CONSTRUCTION AND/OR REHABILITATION OF EXISTING FACILITY TO SERVICE AS HALFWAYHOUSE BY LGU OR RECEIVING UNIT</b>			
1 Request from the LGU/ Receiving Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Program of Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Sanggunian Resolution (LGU), if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Proof of Donation of Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELEASE OF SGLG INCENTIVE

Required Documents	Claimant	Budget	Accounting
1 Certified true copy of the Annual Investment Program AIP or Local Development Investment Program (LDIP)/Provincial Development Investment Program (PDIP) for the year (page indicating the project by the Secretary of the Sanggunian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Checklist of Project (Annex D) indicating the proposed project duly approved by the LGU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certification from Agency Accountant or State Certified Information Management System for the Controlled Copy Account of LGUs for new awardees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting documents necessary based on the guidelines for the year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DONATIONS

Required Documents	Claimant	Budget	Accounting
1 Department Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Letter Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 BAC Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Deed of Donation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

TRACKER

Date	Remarks

Please return this checklist with the fully complied requirements.  
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Prepared By: \_\_\_\_\_  
(sgd.)  
BERNARDETTE M. MELLANO  
(sgd.)  
ARTER G. YAGUIC  
PROCESS OWNERS

Reviewed By: \_\_\_\_\_  
(sgd.)  
GAUDENCIO L. APOSTOL  
(sgd.)  
NELIA R. FLORES  
DIVISION CHIEFS

Approved By: \_\_\_\_\_  
(sgd.)  
DIRECTOR SARA JANE M. CEREZO  
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AY | Rev. 01 | Eff. Date 08.01.22

**INTERNET/COMMUNICATION EXPENSES**

Required Documents	Claimant	Budget	Accounting
1 Call Cards and/or Official Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 SOA and Official Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Certification that the calls made/internet usage are official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Other supporting document/s:			
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GASOLINE EXPENSES**

1 Original Charge Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Official Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Purchase Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Department Order/Travel Order/Regional Order in excess of monthly allocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Posting by GSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Driver's Trip Ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Vehicle Trip Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Statement of Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Monthly Report of Official Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Purchase Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Toll Tickets for Toll Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 PPMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Billing Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Inspection & Acceptance Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Gasoline Slip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Approved Activity Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Other supporting document/s:			
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**SOFTWARE SUBSCRIPTION EXPENSES**

1 Statement of Account/Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Official Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:			
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

**TRACKER**

Date	Remarks

Please return this checklist with the fully complied requirements.  
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Prepared By
(sgd.) BERNARDITO S. MELLANO (sgd.) ARTEM G. TAGUIC
Process Owners

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES
Division Chiefs

Approved By
(sgd.) SARA JANEM. CEREZO
FMS Deputy QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**PROCESSING AND PAYMENT OF CLAIMS CHECKLIST**

FM-QP-DILG-FMS-RO-16-03AZ | Rev. 00 | Eff. Date 06.15.21

**CHECKBOOKS AND ACCOUNTABLE FORMS/OFFICIAL RECEIPTS**

Required Documents	Claimant	Budget	Accounting
<b>A. CHECKBOOKS (MDS AND TRUST FUND)</b>			
1 Approved purchase request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Request to order checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Authorization to order check books issued by Bureau of Treasury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Monthly Estimates/Accounts Payable that cannot be paid through ADA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Statement of Accountability for Accountable Forms w/o Money Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Loan Agreements/Memoranda of Agreement together with supporting documents, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Bank debit memos, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. ACCOUNTABLE FORMS/OFFICIAL RECEIPTS</b>			
1 Purchase Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Checked by: \_\_\_\_\_

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Claimant / End-User

Budget

Accounting

**TRACKER**

Date	Remarks

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Prepared By
(sgd.) BERNADETTE S. MEJILLANO
(sgd.) ARTEM G. TAGJIC
PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL
(sgd.) NELVA D. FLORES
DIVISION CHIEFS

Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO
FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03BA | Rev. 00 | Eff. Date 06.15.21

ANNUAL DUES AND UNION FEES

Required Documents	Claimant	Budget	Accounting
1 Schedule of Deductions/Summary/Payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEMBERSHIP, DUES AND CONTRIBUTIONS TO ORGANIZATIONS

	Claimant	Budget	Accounting
1 Letter Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAINING REGISTRATION/TRAINING FEE

	Claimant	Budget	Accounting
1 Travel Order/Regional Order/Provincial Order/ Department Order of Attendees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Invitation/Memorandum, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Official receipt/s (for reimbursement, if paid by attendee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Certificate of attendance for the training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Statement of Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Activity Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSEMENT OF VARIOUS AND OTHER EXPENSES

	Claimant	Budget	Accounting
1 Order/Letter Request/Memo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certificate of Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Official receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Attendance Sheet, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Distribution List, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other supporting document/s:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

TRACKER

Date	Remarks

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Prepared By
(sgd.) BERNADETTE S. MEJILLANO (sgd.) ARTEN G. TAGUR PROCESS OWNERS

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES DIVISION CHIEFS

Approved By
(sgd.) DIRECTOR SARA JANE M. CEREZO FMS DEPUTY QMR



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PROCESSING AND PAYMENT OF CLAIMS CHECKLIST

FM-QP-DILG-FMS-RO-16-03BB | Rev. 00 | Eff. Date 08.01.22

FUND TRANSFER TO FOUS

Required Documents	Claimant	Budget	Accounting
<b>A. PERSONNEL SERVICES</b>			
1 Signed Payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Schedule of Government Share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 NOSI/NOSA in case of step increment or salary adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Advice of Fund Transfer (AFT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 If applicable:			
a. Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Official receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Service record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Other supporting document/s:			
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. MAINTENANCE AND OTHER OPERATING EXPENSES (MOOE)</b>			
1 Advice of Fund Transfer (AFT)			
2 If applicable:			
a. Certification			
b. Official receipts			
d. Guidelines			
3 Other supporting document/s:			
a. _____			<input type="checkbox"/>
b. _____			<input type="checkbox"/>
c. _____			<input type="checkbox"/>
d. _____			<input type="checkbox"/>
e. _____			<input type="checkbox"/>

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GRATUITY PAY/FIVE PERCENT (5%) PREMIUM

1 Payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certification from Personnel for the Number of Months Rendered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Other supporting document/s:			
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Claimant / End-User \_\_\_\_\_ Budget \_\_\_\_\_ Accounting \_\_\_\_\_

TRACKER

Date	Remarks

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Prepared By
(sgd.) BERNABETTE MEJILLANO (sgd.) ARTEM G. TAGUIC
Process Owners

Reviewed By
(sgd.) GAUDENCIO L. APOSTOL (sgd.) NELIA D. FLORES
Division Chiefs

Approved By
(sgd.) SARA JANE M. CEREZO
FMS Deputy QMR

MASTER COPY



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

## MASTER LIST OF MAINTAINED INTERNAL DOCUMENTED INFORMATION

Document Code  
**FM-SP-DILG-01A-02**

Rev. No.	Eff. Date	Page
00	06.15.21	1 of 5

Name of Bureau/Service/Office/Procedure:FMS, ROs, POs


DOCUMENT CODE	DOCUMENT TITLE	REVISION					
		00	01	02	03	04	05
Processing and Payment of Claims							
QP-DILG-FMS-RO-16	Processing and Payment of Claims Quality Procedure	06.15.21	08.01.22	02.16.23	04.01.24		
QO-QP-DILG-FMS-RO-16	Processing and Payment of Claims Quality Objectives	06.15.21	08.01.22	02.16.23	09.01.24		
QME-QP-DILG-FMS-RO-16	Processing and Payment of Claims Quality Monitoring and Evaluation	06.15.21	08.01.22	02.16.23	09.01.24		
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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

## MASTER LIST OF EXTERNAL DOCUMENTED INFORMATION

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QP-DILG-FMS-RO-16 (Processing and Payment of Claims)							
COA Circular 2002-002	Prescribing the Manual on the New Government Accounting System (Manual Version) For Use in All National Government Agencies	10.22.15					
	Government Accounting Manual Volume I - Accounting Policies, Guidelines and Procedures, and Illustrative Accounting Entries	10.22.15					
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	Government Accounting Manual Volume III - The Revised Chart of Accounts (Updated 2015)	10.22.15					
	General Appropriation Act	Previous Year	Current Year				
COA Circular No. 2012-001	Revised Guidelines and Documentary Requirements for Common Government Transaction	06.14.2012					
COA Circular 2015-002	Supplementary Guidelines on the Preparation of Financial statements and other financial reports, the transitional provisions on the implementation of the Philippine Public Sector Accounting Standards, and the coding structure	03.09.15					
COA Circular 2015-002	Revised Guidelines and Documentary Requirements for Common Government Transaction	06.14.2012					
COA Circular 2023-004	Updated Documentary Requirements for Common Government Transactions	06-14-2023					

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