

Republic of the Philippines DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT DILG Region XIII (CARAGA)

Document	Code	
FM-R13	B-SP-01B-	01
Rev. No.	Eff. Date	Page

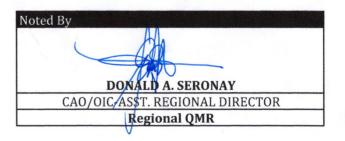
Name of Bureau/Service/Division: Finance and Administrative Division

Debit Account

DOCUMENT CODE DOCUMENT TITLE REVISION/EDITION PROCESSING AND PAYMENT OF CLAIMS Obligation Request and Status Government Accounting Manual (GAM) for National Government Agencies dated January 5, 2016 COA Circular 2012-001 dated June 14, 2012 **Dibursement Voucher** Journal Entry Voucher FM-QP-R13-FAD-02-02 to Checklist (Type of Claim) 86/REV00/10162017 Advice for Checks Issued and Cancelled Check / LDDAP- ADA Disbursements Record List of Due and Demandable Accounts Payable-Advice to

MASTER LIST OF MAINTAINED DOCUMENTED INFORMATION (EXTERNAL)

Prepared	By
	Au
	KAREN GRACE S. GABINETE
	LGOO II
	Regional Document Controller





Republic of the Philippines DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT DILG Region XIII (CARAGA)

Document Code		
FM-R13	-SP-01A-0	1
Rev. No.	Eff. Date	Page
00	10.16.17	1 of 1

10.16.17 1 of 1

Name of Bureau/Service/Division: Finance and Administrative Division

DOCUMENT CODE	DOCUMENT TITLE	REVISION					
DOCOMENT CODE	DOCOMENTITLE	00	01	02	03	04	05
ROCESSING AND PAYMENT O	F CLAIMS						
QP-R13-FAD-02	Quality Procedure	10.16.2017					
QO-QP-R13-FAD-02A	Quality Objective (Budget)	10.16.2017					
QME-QP-R13-FAD-02A	Quality Monitoring and Evaluation (Budget)	10.16.2017					
FM-QP-R13-FAD-02-01A	Process Summary Logsheet (Budget)	10.16.2017					
QO-QP-R13-FAD-02B	Quality Objective (Accounting)	10.16.2017					
QME-QP-R13-FAD-02B	Quality Monitoring and Evaluation (Accounting)	10.16.2017					
FM-QP-R13-FAD-02-01B	Process Summary Logsheet (Accounting)	10.16.2017					
QO-QP-R13-FAD-02C	Quality Objective (Cash)	10.16.2017					
QME-QP-R13-FAD-02C	Quality Monitoring and Evaluation (Cash)	10.16.2017					
FM-QP-R13-FAD-02-01C	Process Summary Logsheet (Cash)	10.16.2017					

MASTER LIST OF MAINTAINED DOCUMENTED INFORMATION (INTERNAL)

Prepa	ared By
	L
	KAREN GRACE S. GABINETE
	LGOO II
	Regional Document Controller

Noted By DONALD A SERONAY CAO/OIC-ASST. REGIONAL DIRECTOR **Regional QMR**

	ALITY DCEDURE (QP)	Rev. No. Eff. Date Page 00 10.16.201 1 of 10 7 7
PROCEDURE TITLE	PROCESSING AND PAYMENT OF CLAIMS	
SCOPE	This process starts from the receipt of supporting docu processed DV to the Cash Section for Check/ Advice to	Debit Account (ADA) preparation
PURPOSE	To define the process of standardization of guidelines processing of claims in accordance with existing budge rules and regulations.	and procedures to facilitate the
PROCESS DESCRIPTIO		
INPUT	PROCESS	OUTPUT
SUPPORTING DOCUMENTS	PROCESSING AND PAYMENT OF CLAIMS	CHECK/ADA
and then to Accounting	MENT: ents will be submitted to the Budget Section for processing Section for checking, verification of documents and availa s, DV will be processed and submitted to the DILG XIII Inte ontrol Team shall then forward the processed DV to RD/AR	bility of funds. Upon completion o ernal Control Team for further

r.

review. The Internal Control Team shall then forward the processed DV to RD/ARD for approval of payment. The RD/ ARD office will then forward the signed DV to Cash Section for preparation of check/ADA for submission to servicing bank.

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
A.	REGIONAL OFFICE	BLIGATION REQUEST AND STAT	TUS – BUDGET SECTION	
1.	Budget Staff	Receive supporting documents and process the Obligation Request & Status	 Record the received supporting documents in the Logbook Review/check the supporting documents Prepare Obligation Request & Status in 3 copies Forward the documents to the Budget Officer 	Logbook / Supporting documents
2	Budget Officer	Review filled out Obligation Request &Status	 Determine the availability of funds Review completeness and correctness of the details of Obligation Request & Status as to the amount, Object/Expense 	Obligation Request

THIS DOCUMENT IS CONTROLLED AND NOT TO BE REPRODUCED WITHOUT AUTHORIZATION



Document Code QP-R13-FAD-02

Eff. Date

Page 10.16.201 2 of 10 00 7

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			Code and particulars • Forward the ORS to respective Division	
			Chiefs for signature of Box A as to the validity, legality, charging of the appropriation of funds	
			 Sign Box B of Obligation Request & Status certifying that allotment is available and obligated for its deemed purpose 	
			 Validate the Obligation Request & Status if found correct, allocate funds per Program, Projects and Activitiesand record to the Registries and Ledgers 	
			 Forward back the Obligation Request & Status with its supporting documents to the Budget Staff 	
3	Budget Staff	Assign Control Number	Log and assign Control Number of the Obligation Request & Status	Obligation Request & Status
			• Detach one (1) copy of the Obligation Request& Status for filing and forward the other 2 copies with the supporting documents to the Accounting Section	



Document Code QP-R13-FAD-02

 Rev. No.
 Eff. Date
 Page

 00
 10.16.201
 3 of 10

 7
 7

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
4	Budget Staff	Retain records	File copy of Obligation Request& Status	Obligation Request& Status
В.	REGIONAL OFFICE			
5	PROCESSING OF DISE Accounting Staff	BURSEMENT VOUCHER – ACCO Receive Obligation Request and Status with the supporting documents and prepare Disbursement Voucher and Journal Entry Voucher	Record the received ORS with supporting documents to Logbook	Obligation Request and Status and supporting documents
			Note: Claims under the Trust Fund does not have ORS and start from this step	
			 Review completeness and appropriateness of supporting documents 	Corresponding Checklist
			(note: if there are lacking documents, return to concerned personnel for appropriate action)	
			 If found in order, record to PSL and prepare Disbursement Voucher, Journal Entry Voucher and assign Disbursement Voucher number 	
6	Regional/Assista nt Accountant	Review and Sign Disbursement Voucher	Review as to: Completeness of supporting documents, its compliance with auditing and accounting rules and regulations; Correctness of entries in Box B of Disbursement	



Document Code QP-R13-FAD-02

00

-K13-FAD-02

 Eff. Date
 Page

 10.16.201
 4 of 10

 7
 7

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			• Sign Box C of Disbursement Voucher certifying the cash availability, completeness of supporting documents and amount claimed proper	
			• Forward to Accounting Staff the signed DV with complete supporting documents	
7	Accounting Staff	Processed Disbursement Voucher for approval by concerned officials	• Forward the processed Disbursement Voucher to the DILG XIII Internal Control Team for further review and initial/signature	Disbursement Vouchers with its supporting documents
8	Internal Control Team	Receive the DV with supporting documents and affix initial/signature	 Review the DV with supporting documents and affix initial/signature Forward the reviewed DV with supporting documents to the office of the Regional Director/Asst. Regional Director for approval of Box D 	Disbursement Vouchers with its supporting documents
9	Regional/ Assistant Director	Receive the DV with supporting documents and approves Box D	 Approved DV (signs Box D) Forward Approved DVs with supporting documents to Cash Section for the preparation of Check/Advice to Debit Account (ADA) 	Disbursement Vouchers with its supporting documents



Document Code QP-R13-FAD-02

Rev. No. Eff. Date Page 00 10.16.201 5 of 10

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
10	Accounting Staff	Retain Records	• Filed copies of DV with supporting documents forwarded by cash section after segregation of COA	DV with supporting documents
С	REGIONAL OFFICE		and accounting file	
C				
11	PAYMENT OF CLAIN Cashier	AS – CASH SECTION Receive Approved Vouchers with complete supporting documents	 Review completeness of supporting documents & signatures If complete, for Trust Fund Accounts, prepare and issue checks and record in the Check Disbursement Record the details of payments 	Disbursement Voucher Checks /check Disbursement Record/ Cash Book
			 If complete , for MDS Account, check if payee has a Land Bank of the Philippines account CLAIMANTS WITH LAND BANK OF THE PHILIPPINES ACCOUNTS 	List of Claimants with Land Bank of the Philippines Account
			 Prepare and sign the List of Due and Demandable Accounts Payable – Advice to Debit Accounts (LDDAP ADA) and record/encode in the Check Disbursement Record 	Approved Disbursement Vouchers
			 Forward to the Regional/Asst. Accountant for 	List of Claimants with Land Bank of the Philippines Account Approved



Document Code QP-R13-FAD-02

Rev. N

ev. No.	Eff. Date	Page
00	10.16.201	6 of 10
00	7	0011

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			verification /signing the List of Due and Demandable	Disbursement Voucher
			Accounts Payable – Advice to Debit Accounts (LDDAP ADA) FOR CLAIMANTS WITHOUT LAND BANK OF THE PHILIPPINES ACCOUNT • Prepare the issuance of checks and sign then record/encode in the Check Disbursement Record	List of Due and Demandable Accounts Payable – Advice to Debit Accounts (LDDAP ADA)
			• Forward the approved voucher with signed issued checks for approval of the Regional Director or Asst. Regional Director	Approved Disbursement Voucher /Check Disbursement Record / Issued Checks
				Approved/signed issued checks
12	Regional/Asst. Accountant	Verification/signing of List of Due and Demandable Accounts Payable – Advice	CLAIMANTS WITH LAND BANK OF THE PHILIPPINES ACCOUNTS	Disbursement Voucher
		to Debit Accounts (LDDAP ADA)	 Verify and Sign List of Due and Demandable Accounts Payable – Advice to Debit Accounts (LDDAP ADA) if the entries are accurate. If inaccurate entries, notify the cashier to 	Issued Checks Bank Advice/LDDAP-ADA LDDAP-ADA
			correct the entries. Forward to Regional Director/Asst.Regional Director for	



Document Code

QP-R13-FAD-02

 Rev. No.
 Eff. Date
 Page

 00
 10.16.201
 7 of 10

 7
 7

			1	1 7 1
Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			approval/signature	
13	Regional Director/ Asst. Regional Director	 Approve/sign List of Due and Demandable Accounts Payable – Advice to Debit Accounts (LDDAP ADA) 	Approved/ sign the List of Due and Demandable Accounts Payable – Advice to Debit Accounts (LDDAP ADA) then forward to the Cashier for submission to LBP	LDDAP-ADA
		 Received the approved vouchers with signed checks from the cashier 	• Approve /Sign the check and forward to the Cashier for preparation of Bank Advice of checks issued and Cancelled	Approved DV & approved checks
14	Cashier	Preparation of Bank Advice of Checks Issued and Cancelled	Prepare Bank Advice of checks issued and Cancelled then forward to the Regional/Asst. Regional Director for approval	Approved DV & approved checks
15	Regional Director/Asst. Regional Director	Review and Approval of the LBP Advice of Checks Issued and Cancelled	Approved/ sign the LBP Bank Advice of Checks Issued then forward to the Cashier for submission to LBP	LBP Advice of Checks Issued & Cancelled
16	Cashier	Submit the Bank Advice / LDDAP ADA to Land Bank of the Philippines	Segregate Bank Advice of Checks Issued for office file and for submission to LBP	Bank Advice of Checks Issued and Cancelled/LDDAP- ADA
17	Cashier	Retain Records	File copies of ADA/Bank Advice	R13-SP-02
D.	FIELD OPERATING D.1 PROCESSING O ACCOUNTING CLER	F OBLIGATION REQUEST AND	STATUS AND DISBURSEMENT	VOUCHERS -
1	ACCOUNTING	Receive supporting	Record the received	• PSL
-	CLERK	documents and process the ORS, DV and JEV	supporting documents in the PSL	Supporting documents
			• Review/check /verify the completeness of supporting documents	Checklist
			 Determine the availability of funds 	



Document Code QP-R13-FAD-02

 Rev. No.
 Eff. Date
 Page

 00
 10.16.201
 8 of 10

 7
 7

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			 If funds available and supporting documents are complete, prepare ORS, DV and JEV 	 ORS from RO Supporting documents
			• Assign Control Number For ORS, DV and JEV and record the details in the PSL	• PSL
			• Sign Box B of ORS certifying allotment available and obligated for the purpose/adjustmen t necessary and Box C of Disbursement Voucher certifying cash availability and supporting documents complete and amount claimed proper.	ORS, DV, JEV and supporting documents
			• Forward the processed ORS and DV to Program/ Outcome Manager for signature of Box A	
				. 1 Page
			If no funds available, prepare request letter for funding to Budget Section at RO	• Request letter
			If incomplete documents, , return to concerned personnel for compliance of the lacking documents per checklist	• Checklist
2	PROGRAM/ OUTCOME MANAGER	Review and sign ORS and DV Box A	 Review supporting documents and sign Box A of Obligation Request and Status (ORS) as to charges to appropriation/allotme nt are necessary, lawful 	ORS, DV with supporting documents



Document Code QP-R13-FAD-02

v No. Eff Date Pag

ev. No. Eff. Date Page 00 10.16.201 9 of 10 7

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			 and under direct supervision and supporting documents valid, proper and legal; Sign Box A of Disbursement Voucher (DV) as to expenses/Cash advance necessary, lawful and incurred under direct supersvision Forward the signed DV to the Provincial Director for the expensed of Pow D 	
3	PROVINCIAL DIRECTOR	Review and sign DV	 approval of Box D Provincial Director approved the DVs (signs Box D) Forward Approved DVs to Disbursing Officer for the preparation of Advice to Debit Account (ADA)/Check Issuance 	DV with supporting documents
4	ACCOUNTING CLERK	Retain Records	• Filed copies of DV with supporting documents forwarded by Disbursing Officer after segregation of COA and accounting file	ORS, DV with supporting documents
D.	FIELD OPERATING			1
5	DISBURSING OFFICER	LAIMS – DISBURSING OFFICE Receive Approved Vouchers with complete supporting documents	 Review completeness of supporting documents & signatures If complete, prepare and issue checks (Bank Advice)/ADA and record the details in the Check 	 DV with supporting documents Checklist Checks Disbursement Record/ Cash Book

DILG

DILG – REGION XIII (CARAGA) QUALITY PROCEDURE (QP)

Documen	tcode	
OP-R1	3-FA	D-02

>

Contraction of the second	PROCE	DURE (QP)	00	10.16.201 10 of 10 7			
Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References			
			 Record/Cash Book Record the details of payments in the PSL 	PSL			
			• Sign the prepared checks/ADA and forward to Provincial Director for signature	Check/ADA			
6	PROVINCIAL DIRECTOR	Received checks (Bank Advice) /ADA for approval	Sign/Approves the Check (Bank Advice)/ADA and forward to Disbursing officer for submission to LBP	• Check/ADA			
7	DISBURSING OFFICER	Retain records	File copies of Check (Bank Advice)/ADA	R13-SP-02			

Prepared By	Reviewed By	Approved By
PRIMADONNA M. LINCUNA BO III ROCHE LYNNE L. CUNANAN Acct. III IMELDA L. ENDENCIA Cashier III	DONALD A SERONAY CAO/ OIC Asst Regional Director	LILIBETH A. FAMACION, CESO III Regional Director
Process Owner	Regional QMR	Top Management

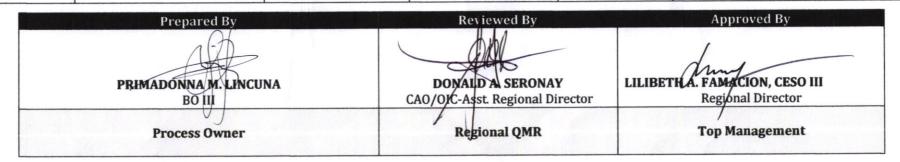
THIS DOCUMENT IS CONTROLLED AND NOT TO BE REPRODUCED WITHOUT AUTHORIZATION



Document Code QO-QP-R13-FAD-02A Rev. No. Eff. Date Page 00 10.16.17 1 of 2

OFFICE	Finance and Administrative Division – Regional Office
QUALITY PROCEDURE TITLE	PROCESSING AND PAYMENT OF CLAIMS- BUDGET SECTION

	Key Perfor	rmance Indicators (KPI)			Applicable
Function	Objective Target Indicator/Formula (if applicable)		Frequency of Monitoring Results	Responsible for Monitoring	Documents (Procedures) and Forms (Records), including applicable Legal Requirements	
• PROCESSING AND PAYMENT OF CLAIMS	1. 80% of ORS Processed/Obligated	80%	 Expected No. Of payables received in processing the ORS Actual No. Of ORS processed/oblig ated Total No. Of ORS obligated / Expected No. Of payables received for ORS X 100% 	Monthly	Budget	Logbook/Process Summary Log Sheet



THIS DOCUMENT IS CONTROLLED AND NOT TO BE REPRODUCED WITHOUT AUTHORIZATION



DILG - REGION XIII (CARAGA) **PROCESS QUALITY MONITORING AND EVALUATION (QME)**

Document Code		
QME-QP-R13	B-FAD-02A	
Rev. No.	Eff. Date	Page

OF	FICE	Finance and Administrative Division - Budget Section													
PROCEDURE TITLE PROCESSING AND PAYMENT OF CLAIMS															
OBJECTIVE STATEMENT 80% of Obligation Request Slip				l/Obligat	ted										
cu	RRENT PERIOD										0				
	IN	DICATORS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	Total
1	Objective : 80% of ORS	prepared/obligated													
A	Actual No. of ORS Proc	essed/Obligated													
B	Total No. of Payables I	Received													
С	Total No. of ORS unpr	ocessed												a dependent of	
D	ORS Obligated/Expector Payables X 100%	ed Target Result : 80%													
E	Gap Analysis: (In case t analysis why it is not m	he objective is not met, put your et)													

Prepared By	Reviewed By	Approved By
PRIMADONNA M. LINCUNA Budget Officer III	DONALD A. SERONAY CAO/OIC-Asst Regional Director	LILIBETHA. FAMACION, CESO III Regional Director
Process Owner	Regional QMR	Top Management

THIS DOCUMENT IS CONTROLLED AND NOT TO BE PRODUCED WITHOUT AUTHORIZATION



DILG – REGION XIII (CARAGA) **PROCESS QUALITY MONITORING AND EVALUATION (QME)**

Document Code		
QME-QP-R13	B-FAD-02B	
Rev. No.	Eff. Date	Page

OF	FICE	Finance and Administrative	e Division	n – REGI	ONAL O	FFICE/H	IELD OI	PERATI	NG UNIT	Г					
PR	OCEDURE TITLE	PROCESSING AND PAYMENT OF CLAIMS - ACCOUNTING													
OE	JECTIVE STATEMENT	80% of Disbursement Vouch	er with co	omplete	supporti	ng docu	ments re	elease wi	ithin 5 v	vorking	days				
cu	RRENT PERIOD														
	INI	DICATORS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	ост	NOV	DEC	Total
	Objective: 80% of Dish	oursement Voucher with comp	lete supp	orting d	ocument	s releas	e within	5 workiı	ng days	1	1		1	LL	19
A	Total number of Disbur within 5 working days	otal number of Disbursement Vouchers released vithin 5 working days													
B	Total number of Disbu	rsement Vouchers released													
С	Formula: <u>A</u> x 100 B	Target Result : 80%													
D	Gap Analysis: (In case t your analysis why it is i	he objective is not met, put not met)			<u> </u>				I	L	I		1	<u> </u>	

 Prepared By
 Reviewed By
 Approved By

 ROCHE LYNNE L. CUNANAN
 Accountant III
 DONALD A. SERONAY
 LILIBETH A. FAMACION, CESO III

 Process Owner
 Regional QMR
 Top Management

THIS DOCUMENT IS CONTROLLED AND NOT TO BE PRODUCED WITHOUT AUTHORIZATION

Appendix 11

	OBLIG	GATIO	N REQUEST AI	ND STATUS	5	Serial No. : Date :		
			Entity Name			Fund Cluster :		
Р	ayee							
0	office							
Ad	ldress							
Responsi	bility Center		Particulars		MFO/PAP	UACS Object Code	Amo	ount
				Total				
	necessary, law	vful and u	o appropriation/allom nder my direct superv valid, proper and legal	ision;and	for	tified: Allotment the purpose/adjust icated above		
Signature	e :				Signature :			
Printed N	lame:				Printed Name:			
Position					Position :			
Date	Head,	Requestin Repre	g Office/Authorized esentative		Date :	Head, Budge	et Division/Unit. Representative	/Authorized
C.				STATUS OF	I F OBLIGATIO	N		
	R	leference				Amount		
Date	Particul	lars	ORS/JEV/Check/ ADA/TRA No.	Obligation	Payable	Payment	Not Yet Due	ance Due and Demandable
				(a)	(b)	(c)	(a-b)	(D-C)



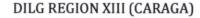
ocument Code						
QO-QP-R13-FAD-02B						
Rev. No.	Eff. Date	Page				
00	10.16.17	1 of 1				

OFFICE	Finance and Administrative Division – REGIONAL OFFICE/FIELD OPERATING UNIT	
QUALITY PROCEDURE TITLE	PROCESSING AND PAYMENT OF CLAIMS - ACCOUNTING	

	Key Perform	mance Indicators		united and the second	Applicable	
Function	Objective	Target	Indicator/Formula (if applicable)	Frequency of Monitoring Results	Responsible for Monitoring	Documents (Procedures) and Forms (Records), including applicable Legal Requirements
TO PROCESS ALL DISBURSEMEN T VOUCHERS	Timely release of Disbursement Voucher with complete supporting documents within 5 working days	80%	(Total number of Disbursement Vouchers released within 5 working days/Total number of Disbursement Vouchers released) x 100	Monthly	Accountant	Process Summary Log Sheet

Prepared By	Reviewed By	Approved By
ROCHE LYNNE L. CUNANAN Accountant III	DONALD A. SERONAY CAO/OJC-Asst. Regional Director	LILIBETH A. FAMACION, CESO III Regional Director
Process Owner	Regional QMR	Top Management

THIS DOCUMENT IS CONTROLLED AND NOT TO BE REPRODUCED WITHOUT AUTHORIZATION





- 50

Process Summary Log Sheet - DV Accounting

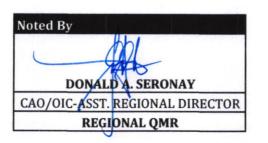
Document Co	de	
FM-QP-R1	3-FAD-02-01	B
Rev. No.	Eff. Date	Page
00	10.16.17	1 of 11

QUALITY OBJECTIVE: 80% of Disbursement Voucher with complete supporting documents release within 5 working days FREQUENCY OF MONITORING: Monthly CURRENT PERIOD:

	Date Received by						Prepared		Prepared		Prepared			Obj	ective Res	ult	
No.	Accounting (Obligation Request and Status (ORS) with complete Supporting Documents) [1]	ORS Date [2]	ORS No. [3]	ORS Amount [4]	Requestin g Unit/Divis ion/Sectio n [5]	DV Date [6]	DV No. [7]	Payee [8]	Type of claim/Particul ars [9]	DV Amount [10]	Actual No. of days proces sed [11]	Met (On or before 5th workin g day) [12]	Unmet (Beyond 5th working day) [13]	KS,	articu lars		
TOTAL												0	0				
RESULT												%					

Note: To compute the result (%) : sum of column 12/(sum of column 12 + sum of column 13), get the %.

repared	By
ROCHE	LYNNE L. CUNANAN, CPA
/	Accountant III
T	PROCESS OWNER





Document Code		
20-QP-R13	B-FAD-02C	
Rev. No.	Eff. Date	Page
00	10.16.17	1 of 1

OFFICE	Finance and Administrative Division – Regional Office/Field Operating Unit
QUALITY PROCEDURE TITLE	PROCESSING AND PAYMENT OF CLAIMS - Cashier/Disbursing Officer

	Key Perfo	rmance Indicators (I	(PI)	an a		Applicable
Function	Objective	Target	Indicator/Formula (if applicable)	Frequency of Monitoring Results	Responsible for Monitoring	Documents (Procedures) and Forms (Records), including applicable Legal Requirements
• PROCESSING AND PAYMENT OF CLAIMS	Timely issuance of Checks/ LDDAP - ADA within 5 working days	80%	(Total No. Of Checks & LDDAP - ADA issued within 5 working days/ Total Number of Approved Vouchers Received) x 100	Monthly	Cashier	Process Summary Log Sheet

Prepared By	Reviewed By	Approved By
IMELDA L. ENDENCIA Cashier III	DONALD A. SERONAY CAO/OIC-Asst. Regional Director	LILIBETH A. FAMACION, CESO III Regional Director
Process Owner	Regional QMR	Top Management

THIS DOCUMENT IS CONTROLLED AND NOT TO BE REPRODUCED WITHOUT AUTHORIZATION

Appendix 36

	JOURNAL ENTRY	VOUCHER			JEV No.:
Entity Name : Fund Cluster :					Date :
Responsibility					
Center	Accounts and Explanation	UACS Object Code		Ar Debit	nount Credit
			P	Deon	Credit
			+		
			+ $+$		
			+ +		
			+		
			+		
			+		
			+		
			+		
			+		
			+		
		TOTAL	+		
Prepared by:		Certified Correct:			
Acc	counting Personnel	H	ead, Ac	ccounting Divisi	ion/Unit

Appendix 32

	Entity Name DISBURSEMENT VOUCHER											
Mode of Payment	MDS Check Comm	nercial Check	ADA	Others (Please	specify)							
Payee		No.:	ORS/BURS No.:									
Address					1							
	Particulars	R	esponsibility Center	MFO/PAP	Amount							
	Amount Due											
		Designation and S										
B. Accountin	Account Title		UACS Code	Debit	Credit							
C. Certified:	n available		D. Approved	for Payment								
Sub	ject to Authority to Debit Account (w porting documents complete and amo oper											
Signature			Signature									
Printed Name			Printed Name									
Position	Head, Accounting Unit/Authorized	Position	Agency Head/Au	thorized Representative								
Date			Date									
E. Receipt o					JEV No.							
Check/ ADA No. :	D	Date :		Account Number:								
Signature :		Date :	Printed Name:		Date							
Official Rece	pt No. & Date/Other Documents											



DILG - REGION XIII (CARAGA) PROCESS QUALITY MONITORING AND EVALUATION (QME)

Document Code	EAD-02C	
Rev. No.	Eff. Date	Page
00	10.16.17	1 of 1

OFFICE Finance and Accounting I				- Regi	onal Of	fice/Fi	eld Ope	erating	Unit							
PF	ROCEDURE TITLE	PROCESSING AND PAYMEN	NT OF (CLAIMS	- Cashi	er/ Dis	bursin	g Office	er							_
	BJECTIVE TATEMENT	81% ISSUATCE OF LIEURS/LISUOF DUE DEMandable Recounter ayable reaction								ays						
CL	JRRENT PERIOD															
	IN	DICATORS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NO V	DEC	Total	
	Objective : 80% i	ssuance of checks & LDDAP -	ADA w	vithin 5	workin	g days				-1				1 1		Т
A Total No. of Checks & LDDAP-ADA issued within 5 working days																
B	Total No. of Approv received	ed Disbursement Vouchers														
C	Formula: (A/B) x 100%	Target Result : 80% within 5 working days														
D	Gap Analysis: (In cas put your analysis w	se the objective is not met, ny it is not met)														

Note: For unmet targets, the QMS secretariat will issue Corrective Action Report (CAR) signed by the concerned Deputy QMR/QMR.

Prepared By	Reviewed By	Approved By		
IMELDA L. ENDENCIA Cashier II	DONALD A. SERONAY CAO/OIC-Asst. Regional Director	LILIBETH A, FAMACION, CESO III Regional Director		
Process Owner	Regional QMR	Top Management		

THIS DOCUMENT IS CONTROLLED AND NOT TO BE PRODUCED WITHOUT AUTHORIZATION



DILG REGION XIII (CARAGA) Process Summary Log Sheet-Cashier/Disbursing Officer

Document Code

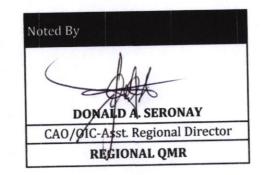
FM-QP-R13-FAD-02-01C

Rev. No.	Eff. Date	Page
00	10.16.17	1 of 1

QUALITY OBJECTIVE: 80% issuance of checks and List of Due and Demandable Accounts Payable- Advice to Debit Account within 5 working days **FREQUENCY OF MONITORING:** Monthly **CURRENT PERIOD:**

									0	bjective R	esult	
	Approved DV with supporting documents Date received (2)	Date Issued Check/A DA (3)	Check No. (4)	ADA No. (5)	PAYEE (6)	Type of Claim/Particulars (7)	Amou nt of Check /ADA (8)	ed to	Met (10)	Unmet (11)	Remarks, if Unmet (12)	Remarks/Parti culars (13)
										1		
								1				
TOTAL									0	0		
RESULT									%			

Pr	epared By
	IMELDA L. ENDENCIA
\vdash	Cashier II
	PROCESS OWNER



Appendix .	34
------------	----

CHECKS AND ADVICES TO DEBIT ACCOUNT DISBURSEMENTS RECORD

Accountable Officer Official Designation Station Accountable Officer DS/DV/Payroll Check/ADA Payee UACS Object Nature of NCA Check ADA NIC A/Da	ntity Nan ank Nam	ne : e/Bank Accoun	t Number :								Fund Clus Sheet No.	ster :	
Date Serial No. Date Date Date Released Payee UACS Object Nature of Payment NCA Received ADA NCA/Bit Balance 0. 0			Aco	countable Off	icer			Offi	cial Designat	ion		Station	
b. Date Serial No. Date Released Payer CALS Offer Of Payment Received Exact ADA NO.ABa Balance Control of the series of the seri	NCA/DS	/DV/Payroll		Chec	k/ADA						Am	ount	
Check ADA Released Common Deposit Made Issued	No.	Date	Seria	ıl No.	Date		Payee		of		Check	ADA	NCA/Ba
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of		- Duite	Check	ADA		Released	ļ	Payment		Issued	Issued	Balance	
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of										1			
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of					1								1
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of					<u> </u>								
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of								<u> </u>					
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of								1					
ereby certify on my official oath that the foregoing is a correct and complete record of all checks/ADAs issued by me in my capacity as of													
during the period from to, inclusive, as indicated in the corresponding columns.	I hereby	certify on my o	official oath th	at the foregoi	ng is a correc				ued by me in	my capacity as			of
Name and Signature			during the	period from	(Des	ignation) to		(Name o , inclusive, as indi	of Agency) cated in the o	corresponding c	olumns.		
										Nam	e and Signa	ture	-
Date													

Appendix 39

Entity	N	ame
--------	---	-----

ADVICE OF CHECKS ISSUED AND CANCELLED

,	То:	The Bank Manager			k Account No	Organization Co Fund Cluster :	de :
		DATE OF		AMOUNT	UACS OBJECT	FOR GSB US	SE ONLY
	CHECK N	D. ISSUE	PAYEE	AMOUNT	CODE	DATE NEGT'D.	REMARKS
			Total ACIC Amount				
	Total nur	nber of checks:	Amount in words				

CANCELLED CHECK		CK	Certified Correct By:	Received by:		
Check No.	Date Issued	Remarks				
			Signature over Printed Name of Disbursing Officer/Cashier/Head of Cash/Treasury Unit	Signature over Printed Name of GSB personnel who received the ACIC		
			Approved by:	Delivered by:		
			Signature over Printed Name of Head of Office/Unit or his/her authorized representative	Signature over Printed Name of Agence personnel who delivered the ACIC to the GSB		
	(s) :		ORT SUMMARY			
umber of ACIC						
rand Total :	S:					
rand Total :	S:					

Approved by:

Signature over Printed Name of Head of Office/Unit or his/her authorized representative Delivered by:

Signature over Printed Name of Agency personnel who delivered the ACIC to the GSB

107

Appendix 42

LIST OF DUE AND DEMANDABLE ACCOUNTS PAYABLE - ADVICE TO DEBIT ACCOUNTS (LDDAP-ADA)

Department : ______ Entity Name : ______ Operating Unit : _____

LDDAP-ADA No.	
Date :	
Fund Cluster :	

MDS-GSB BRANCH/MDS SUB ACCOUNT NO.:

I. LIST OF DUE AN	D DEMAN	DABLE ACCO	UNTS PA	YABLE (LDDA)	P)	
CREDITOR	Obligation	ALLOTMENT				
PREFERRED SERVICING NAME BANKS/SAVINGS/CURRENT ACCOUNT NO.	Request and Status No.	CLASS per (UACS)	GROSS AMOUNT	WITHHOLDING TAX	NET AMOUNT	REMARKS
I. Current Year A/Ps						FOR MDS- GSB USE ONLY
Sub-total						
II. Prior Year's A/Ps						
Sub-total TOTAL			P	P	p.	
I hereby warrant that the above List of Due Demandable A/Ps was prepared in accordance w budgeting, accounting and auditing rules and re	vith existing		and accurac supporting	by assume full responses of the listed claim documents as subm	ns, and the au	thencity of the
Certified Correct:			Approved:			
(Signature over Printed Name) Head of Accounting Division/Unit	-			(Signature over I Head of Agency Offic	or Authorized	
II.	ADVICE T	O DEBIT ACC	OUNT (AI	DA)		
To: MDS-GSB of the Agency Please debit MDS Sub-Account Number : Please credit the accounts of the above listed cr	editors to cove	r payment of acco	unts payable			
TOTAL AMOUNT :				Þ	-	
	In Words)					
	Agency	Authorized Sign	atories			
1	-		2.			
	(Erasures sh	all invalidate this	document)			

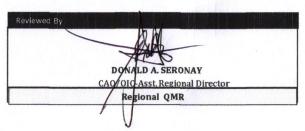


DILG REGION XIII (CARAGA)
Process Summary Logsheet-Budget

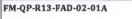
QUALITY OBJECTIVE: 80 % of obligation request slip prepared/obligated FREQUENCY OF MONITORING: Monthly CURRENT PERIOD: DUE DATE OF SUBMISSION: 5th day of issuing month

	Supporting		Ргера	red							Obje	ctive Results	
No.	Documents Date received	Requesting Unit/Division/Section	ORS Date	ORS No.	Payee	Type of Claim/Particulars	ORS Amount	Date Forwarded to Accounting	No. of days processed	Met	Unmet	Remarks, if Unmet	Remarks/ Particulars
1													
2													
3													
4													
5													
TOTAL RESULT	ſ												

Prepared By			/	171		
			//	11	-	
		-	-4	T		
	C	PRIMAI	DONNA	LINCUN	A	
		Bu	dget Øffi	cer III		
			rocess Q	1/		



Noted By In LILIBETH A. FAMACION, CESO III Regional Director TOP MANAGEMENT



Document Code

 Rev. No.
 Eff. Date
 Page

 00
 10.16.17
 1 of 1