



Republic of the Philippines  
**Department of Education**  
Region VII – CENTRAL VISAYAS  
**SCHOOLS DIVISION OF BOHOL**

**Office of the Schools Division  
Superintendent**

October 14, 2020

**DIVISION MEMORANDUM**  
No. 486 s. 2020

**ADDENDUM TO DIVISION MEMORANDUM NO. 434, s. 2020  
(RELEASE OF FINANCIAL ASSISTANCE TO DEPED PERSONNEL AFFECTED BY 7.2  
MAGNITUDE EARTHQUAKE BATCH 2 SECOND TRANCHE)**

To: Assistant Schools Division Superintendents  
OIC – Chief CID  
Chief – SGOD  
Public Schools District Supervisors  
Elementary/Secondary Principals/School Heads  
Teaching and Non-Teaching Personnel  
All Others Concerned

1. DepEd Bohol is pleased to announce that the funds for the release of President's Social Fund (PSF) (also referred as Socio-Civic Projects Fund or SCPF) financial assistance for those affected with 7.2 magnitude earthquake for Batch Two (2) beneficiaries has been deposited in our Trust Fund account per memorandum issued by the DepEd Central Office – DRRMS dated October 13, 2020 and validated deposit slip dated October 13, 2020 as herein attached (Enclosure No.1).

2. In line with this, pursuant to previously issued DM No. 434, s.2020 re: “**RELEASE OF FINANCIAL ASSISTANCE TO DEPED PERSONNEL AFFECTED BY 7.2 MAGNITUDE EARTHQUAKE BATCH 2 SECOND TRANCHE**”, this Office urges all valid beneficiaries of second batch to submit their complete set of supporting documents, the soonest possible time, to the District Bookkeepers for checking of the validity of supporting documents not later than **October 30, 2020**. The deadline of the submission of the district payrolls together with the supporting documents to this Office will be on **November 6, 2020**.

3. The following documents shall be attached on top of the bundled supporting documents per district and shall be transmitted to the office of the School Governance and Operations Division (SGOD), to wit:

- |                                 |   |                           |
|---------------------------------|---|---------------------------|
| • Routing Slip                  | - | 1 copy (Enclosure No.2)   |
| • Disbursement Voucher (DV)     | - | 4 copies (Enclosure No.3) |
| • Payroll                       | - | 4 copies (Enclosure No.4) |
| • Supporting documents of claim | - | read DM No. 434, s.2020   |

Soft copies of the payroll shall be emailed to [ralfrenz.rapirap@deped.gov.ph](mailto:ralfrenz.rapirap@deped.gov.ph).

4. For the information, guidance and immediate compliance of all concerned.

  
**BIANITO A. DAGATAN EdD CESO V**  
Schools Division Superintendent






**MEMORANDUM**

No: \_\_\_\_\_

FOR : **BIANITO A. DAGATAN**  
*Schools Division Superintendent*  
DepEd Bohol

FROM :   
**RONILDA R. CO**  
*Director IV*  
DRRMS

SUBJECT : **RELEASE OF SOCIO-CIVIC PROJECTS FUND BATCH 2  
SECOND TRANCHE**

DATE : 13 October 2020

Relative to the Socio-Civic Projects Fund (SCPF) Financial Assistance to DepEd personnel affected by STY Yolanda and Bohol 7.2 Magnitude Earthquake, the Second Tranche for Batch 2 has already been deposited to Schools Division Office of Bohol. Please refer to the following details:

Division	Account Name	Account Number	Number of Beneficiaries	Total Financial Assistance
Bohol	DEPED BOHOL TRUST FUND	0612102112	1,932	48,055,000.00

In line with this, the Disaster Risk Reduction and Management Service (DRRMS) requests the respective Division's Cash Division to send the original copy of the official receipt for the deposit of the financial assistance. Please send it to:

Disaster Risk Reduction and Management Service (DRRMS)  
DRRMS 2nd Fl., Mabini Bldg., DepEd Complex,  
Meralco Ave., Pasig City 1600

The Department of Education has received a number of inquiries through the Presidential Complaint Center regarding the release of SCPF second tranche for DepEd personnel beneficiaries. Thus, the Schools Division Superintendents (SDS) ought to facilitate the immediate release of financial assistance to the beneficiaries.

For question, you may contact Ms. Sam Manalastas of DRRMS through telephone number (02) 637 4933 or e-mail address maria.manalastas003@deped.gov.ph.

For immediate and appropriate action.

**Enclosure No. 1**

CHECK DEPOSIT SLIP

For Bank's Use Only:  
CTS ADJUSTMENT: P

CHECK DEPOSIT SLIP



Depositor ID: 98-483678-7

ACCOUNT NAME: DEPED BOHOL TRUST FUND DATE: 10/13/2020

Check one applicable box below. Use separate slip for each type of deposit.  
 On-Us  Other Bank

ACCOUNT NUMBER	BRANCH OF ACCOUNT (for interbranch deposit)	CHECK BREAKDOWN		
		NAME OF BANK/BRANCH	CHECK NUMBER	AMOUNT
0012102112	Tagbilaran	De US	272956	48,055.000
For transactions amounting to more than P500,000.00, please indicate source of funds. Financial assistance for Yolanda affected persons				
I/we hereby agree that in case any of my/our check deposit fails to conform with the Image Quality Assurance validation, the amount rejected shall be deducted from my/our deposit.				
In case of interbranch deposit, I/we further agree to pick up any returned check at this branch or at the branch where my/our deposit account is maintained.				
DEPOSITOR/REPRESENTATIVE (Signature over Printed Name) Maria Clarissa Mahabaga		TOTAL CHECK DEPOSIT		
Contact No.	09394957445	48,055,000		
Teller's Validation T2 2KLA 13OCT2020 09:56:21 0612-1021-12 DEPED BOHOL 0790 CONUS P48,055,000.00				

THIS DEPOSIT IS SUBJECT TO THE TERMS AND CONDITIONS COVERING THIS ACCOUNT.

Revised July 2018

Enclosure No. 1



Republic of the Philippines  
**Department of Education**  
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**SCHOOLS DIVISION OF BOHOL**

ROUTING SLIP FOR PSF EARTHQUAKE FINANCIAL ASSISTANCE  
SECOND BATCH - SECOND TRANCHE

Sequence	Office/Section	Purpose	Responsible Employee(s)	Date Received	Date Released	Signature
1	Guard House	Receiving at the drop box	SG on duty			
2	SGOD	Signing of DV and payroll	Desiderio V. Deligero			
3	Internal Audit Services (IAS)	Completeness of supporting documents attached and propriety of amount claimed	Justina T. Arac			
4	Cashier Section	Preparation of payfile	Lemuel Ungab			
5	Internal Audit Services (IAS)	Pre-audit prepared payfile				
6	Accounting Unit	Certification as to cash availability	Gabina F. Ladaran			
7	SDS	Approval of DV and payroll	Bianito A. Dagatan			
8	Cashier	Preparation of Check	Victoriano C. Cimeni			
9	SDS	Signing of Check	Bianito A. Dagatan			
10	Cashier	Transmit to DBP	Adriano Beniga			
		Transmit paid DVs to Accounting	Adriano Beniga			
11	Accounting	Receive paid DVs with supporting documents	July Bryan Cabangbang			
		Transmit paid DVs with supporting documents to COA	July Bryan Cabangbang			

**Enclosure No. 2**



Lino Chatto Drive Barangay Cogon, Tagbilaran City, Bohol  
412-4938; (038) 411-2544 (038) 501-7550  
501-7550 email add: [deped.bohol@deped.gov.ph](mailto:deped.bohol@deped.gov.ph)





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**SCHOOLS DIVISION OF BOHOL**

**DISBURSEMENT VOUCHER**

Fund Cluster :

Date :  
 DV No. :

<b>Mode of Payment</b>	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
<b>Payee</b>	<b>DBP TAGBILARAN BRANCH</b>	TIN/Employee No.:	ORS/BURS No.:
<b>Address</b>	<b>Tagbilran City, Bohol</b>		

Particulars	Responsibility Center	MFO/PAP	Amount
Reimbursement of PSF/SCPF financial assistance for those affected with 7.2 magnitude earthquake for Batch 2 second tranche. _____ District Juan Dela Cruz et al Amount Due			135,000.00
			135,000.00

**A.** Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

**DESIDERIO V. DELIGERO**  
 \_\_\_\_\_  
 Chief, SGOD

**B.** Accounting Entry:

Account Title	UACS Code	Debit	Credit

<b>C. Certified:</b>		<b>D. Approved for Payment</b>	
<input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper			
Signature		Signature	
Printed Name	<b>GABINA F. LADARAN</b>	Printed Name	<b>BIANITO A. DAGATAN EdD CESO V</b>
Position	Division Accountant III Head, Accounting Unit/Authorized Representative	Position	Schools Division Superintendent Agency Head/Authorized Representative
Date		Date	

**E. Receipt of Payment**

Check/ADA No. :	Date :	Bank Name & Account Number:	JEV No. :
Signature :	Date :	Printed Name:	Date
Official Receipt No. & Date/Other Documents			

**Enclosure No. 3**

