



Republic of the Philippines
Department of Environment and Natural Resources
PROTECTED AREAS AND WILDLIFE BUREAU
Quezon Ave, Diliman, Quezon City
Tel. Nos. (632)924-6031 to 35 Fax: (632) 924-0109, (632) 920-4486
Website: <http://www.pawb.gov.ph> Email: planning@pawb.gov.ph

MAR 04 2013

TECHNICAL BULLETIN

No. 2013 - 03

SUBJECT : CHECKLIST AND ANNUAL CALENDAR FOR THE INTEGRATED PROTECTED AREAS FUND (IPAF)

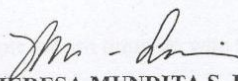
Pursuant to DENR Administrative Order No. 2008-26 or the Revised Implementing Rules and Regulations of RA 7586 (NIPAS Act of 1992) and as a follow-through to the IPAF trainings organized in 2012, the following are hereby issued for the guidance of all concerned:

Section 1. IPAF Checklist. This Checklist provides the standard prerequisites and templates (Annexes A and A1) as well as processes to be complied with and/or undertaken relative to the IPAF. The frequency of accomplishing the templates is likewise herein provided in Annex A.

Section 2. Annual IPAF Calendar. This Calendar provides the timelines for submission of the required documents by all protected areas to the Protected Areas and Wildlife Bureau to access the IPAF.

Section 3. Amendment. Any subsequent changes or updating of the Checklist and Calendar shall be issued through an amendment of this Technical Bulletin.

Section 4. Effectivity. This Technical Bulletin shall take effect upon its approval.


THERESA MUNDITA S. LIM
Director



Protect & conserve our forest to save our wildlife



Annex A. Annual IPAF Calendar

Deadline	IPAF-Related Reports for Submission to PAWB-Biodiversity Management Division
January 15	<ul style="list-style-type: none"> ▪ All PAs should submit TC 1. BP 100-A. Statement of Revenues and Expenditures for 2013-2017 ▪ All PAs should submit TC 36. 2013 PA Budget from DENR
February 28	<p>Special Budget Request(SBR) Documents</p> <p>For 1st and nth time PAs with SBRs</p> <ul style="list-style-type: none"> ▪ TC 23. Budget Execution Document Form 2. Physical Plan ▪ TC 24. Budget Execution Form 1. Financial Plan ▪ TC 25. Budget Execution Document Form 3. Monthly Cash Program ▪ TC 26. Budget Execution Document Form 4. Estimates of Monthly Income ▪ TC 27. PAMB Resolution Approving Work and Financial Plan (WFP) ▪ Certification of Deposited Collections from Bureau of the Treasury <p>For 1st time PAs with SBRs</p> <ul style="list-style-type: none"> ▪ TC 28. List of Personnel Working or Designated for PA ▪ Certification of Modified Disbursement Scheme (MDS) Account No. by Authorized Government Servicing Bank (AGSB) with letterhead/logo ▪ General Management/Initial PA Plan <ul style="list-style-type: none"> - PA Profile - PA pictures <p>Additional Requirements for nth time PAs with Special Budget Request (SBRs)</p> <ul style="list-style-type: none"> ▪ TC 29. Statement of Allotments, Obligations and Balances (SAOB) ▪ TC 30. Trial Balance ▪ TC 31. Monthly Report of Disbursements ▪ TC 32. Physical Accomplishment Report of Work and Financial Plan for Amount Previously Requested
April 16	All PAs should submit TC 19. 1st Quarterly Report on IPAF Collections and Utilization (January – March), with the following

Deadline	IPAF-Related Reports for Submission to PAWB-Biodiversity Management Division
	reports: <ul style="list-style-type: none"> ▪ TC 18. Special Collecting Officer's Quarterly Report of Collections and Deposits with: a) copies of validated deposit slips; and b) Certified Statements of Deposited Collections ▪ TC 20. Report on Resource Users and Rates of Resource User Fees ▪ TC 21. Protected Areas, Wildlife and Coastal Zone Management Service (PAWCZMS) Statistical Form 1b ▪ TC 37. Quarterly Report on IPAF Utilization
July 16	All PAs should submit TC 19. 2nd Quarterly Report on IPAF Collections and Utilization (April –June) with the following reports: <ul style="list-style-type: none"> ▪ TC 18. Special Collecting Officer's Quarterly Report of Collections and Deposits with: a) copies of validated deposit slips; and b) Certified Statements of Deposited Collections ▪ TC 20. Report on Resource Users and Rates of Resource User Fees ▪ TC 21. PAWCZMS Statistical Form 1b ▪ TC 37. Quarterly Report on IPAF Utilization
October 15	All PAs should submit TC 19. 3rd Quarterly Report on IPAF Collections and Utilization (July-September) with the following reports: <ul style="list-style-type: none"> ▪ TC 18. Special Collecting Officer's Quarterly Report of Collections and Deposits with: a) copies of validated deposit slips; and b) Certified Statements of Deposited Collections ▪ TC 20. Report on Resource Users and Rates of Resource User Fees ▪ TC 21. PAWCZMS Statistical Form 1b ▪ TC 37. Quarterly Report on IPAF Utilization
December 31	All PAs should submit TC 19. 4th Quarterly Report on IPAF Collections and Utilization (October-December) with the following reports: <ul style="list-style-type: none"> ▪ TC 18. Special Collecting Officer's Quarterly Report of Collections and Deposits with: a) copies of validated deposit slips; and b) Certified Statements of Deposited Collections ▪ TC 20. Report on Resource Users and Rates of Resource User Fees ▪ TC 21. PAWCZMS Statistical Form 1b ▪ TC 37. Quarterly Report on IPAF Utilization

Any subsequent changes or updating of the IPAF Checklist and Calendar shall be issued through an amendment of this Technical Bulletin.


THERESA MUNDITA S. LIM
Director

Annex A. IPAF Checklist

Process	Status ¹	Template Codes (TC)	Template Titles	Frequency of Accomplishing the Template	Person/Office Accountable to Accomplish the Template
PA Revenue and Expenditure Projection²		TC 1	BP 100-A. Statement of Revenues and Expenditures	Once a year; by January 15 of current year for following year	Provincial Environment and Natural Resources Office (PENRO) Accountant and Protected Area Superintendent (PASU); approved by Regional Executive Director (RED)
Issuance of PA Sub-Fund Code		TC 2	Memorandum on Protected Areas Sub-Fund Code for (indicate name of PA)	Once; as a new PA is established	PAWB
Collecting PA Fees and Charges and Recording of PA Income		TC 3	Protected Area Management Board (PAMB) Resolution Recommending Designation of (indicate name and post of proposed Special Collecting Officer-SCO) as the SCO for (indicate name of PA)	Once; when a new SCO is to be designated	PASU, PAMB
		TC 4	PASU Memorandum to PENRO Endorsing PAMB Resolution	Once; when a new SCO is to be designated	PASU
		TC 5	PENRO Memorandum to RED Endorsing PAMB Resolution	Once; when a new SCO is to be designated	PENRO
		TC 6	RED Special Order Designating PA Special Collecting Officer as Recommended by PAMB	Once; when a new SCO is to be designated	RED
		TC 7	PASU Memorandum Requesting PENRO for Official Receipt Books and/or Pre-Numbered Tickets	Periodically; when available Official Receipt Books and/or pre-numbered tickets	PASU

¹ Please check if prerequisite/template already met/accomplished.

² This is part of DBM's regular budget preparation cycle where amount of IPAF which can be accessed by PAs for a specific year is set through Annual General Appropriations Act (GAA) based on income projection data submitted by PAs.

Process	Status ¹	Template Codes (TC)	Template Titles	Frequency of Accomplishing the Template	Person/Office Accountable to Accomplish the Template
				have been used-up	
		TC 8	Order of Payment Form	Periodically; fees from large PA users have to be collected	PENRO Accountant; approved by PENRO
		TC 9	Protected Area Logbook	Daily	Visitors
		TC 10	SCO's Record Book of Daily Collections	Daily	SCO
Requesting for AGSB Clearing and MDS Accounts		TC 11	SCO Letter of Intent to AGSB Requesting Opening of MDS Accounts	Once	PENRO; Cashier
		TC 12	AGSB Client Information Sheet	Once	SCO
		TC 13	AGSB Signature Specimen Card	Once	SCO
			Certification of MDS Account No. by AGSB with letterhead/logo	Once	AGSB
Depositing and Reporting of PA Income		TC 14	Deposit Slip	Every deposit	SCO
		TC 15	List of Deposited Collections	Every deposit	SCO
		TC 16	General Ledger of PENRO Accountant	Monthly	PENRO Accountant
		TC 17	Cash Journal of PENRO Accountant	Monthly	PENRO Accountant
		TC 18	SCO's Monthly Report of Collections and Deposits	Monthly	SCO; to be noted by PASU; and certified correct by PENRO Accountant
		TC 19	Memo Endorsing Protected Areas Quarterly Report on IPAF Collections	Quarterly	PASU
		TC 20	Report on Resource Users and Rates of Resource User Fees	Quarterly	PASU
		TC 21	PAWCZMS Statistical Form 1b	Quarterly	SCO/PASU; for review of CENRO/PENRO; approval by RTD for PAWCZMS
Reconciling and Certifying Deposits of PA		TC 22	PA Letter Requesting for Certification of Deposited Collections from BTr	Monthly	PENRO

Process	Status ¹	Template Codes (TC)	Template Titles	Frequency of Accomplishing the Template	Person/Office Accountable to Accomplish the Template
Income			Bureau of the Treasury (BTr) Certification on PA Income		BTr
Preparing Special Budget Request Documents	Requirements for 1st and Nth Time PAs with SBRs				
		TC 23	Budget Execution Document Form 2. Physical Plan	Upon submission of SBR; by February 28 yearly	For approval by PAMB; to be prepared by PASU and Planning Officer; to be noted by Budget Officer and approved by PENRO
		TC 24	Budget Execution Form 1. Financial Plan	Upon submission of SBR; by February 28 yearly	To be prepared by PASU and Budget Officer; to be noted by Planning officer and approved by RED
		TC 25	Budget Execution Document Form 3. Monthly Cash Program	Upon submission of SBR; by February 28 yearly	To be prepared by PASU and Budget Officer; to be approved by RED
		TC 26	Budget Execution Document Form 4. Estimates of Monthly Income	Upon submission of SBR; by February 28 yearly	To be prepared by PASU and Budget Officer; for approval by RED
		TC 27	PAMB Resolution Approving WFP	Upon submission of SBR; by February 28 yearly	
			Certification of Deposited Collections from Bureau of the Treasury	Monthly	BTr
	Additional Requirements for 1st Time PAs with SBRs				
		TC 28	List of Personnel Working or Designated for PA	Upon submission of SBR for the first time	PASU
			Certification of MDS Account No. by AGSB with letterhead/logo	Upon submission of SBR for the first time	AGSB
		General Management/Initial PA	Upon submission of		

Process	Status ¹	Template Codes (TC)	Template Titles	Frequency of Accomplishing the Template	Person/Office Accountable to Accomplish the Template
			Plan - PA Profile - PA pictures	SBR for the first time	
	Additional Requirements for Nth Time PAs with SBRs				
		TC 29	Statement of Allotments, Obligations and Balances (SAOB)	Upon submission of SBR; by end of February yearly	PENRO Budget Officer
		TC 30	Trial Balance	Upon submission of SBR; by February 28 yearly	PENRO Accountant
		TC 31	Monthly Report of Disbursements	Upon submission of SBR; by February 28 yearly	PENRO Accountant
	TC 32	Physical Accomplishment Report of Work and Financial Plan for Amount Previously Requested	Upon submission of SBR; by February 28 yearly	PASU	
Endorsing SBR		TC 33	SBR Request Endorsement to PENRO	Upon submission of SBR; by February 28 yearly	PASU
		TC 34	SBR Request Endorsement to RED	Upon submission of SBR; by February 28 yearly	PENRO
		TC 35	SBR Request Endorsement to PAWB Central Office	Upon submission of SBR; by February 28 yearly	RED
Issuance of Funds			Special Allotment Release Order (SARO)		DBM-Bureau E
			Notice of Cash Allocation (NCA)		DBM-Bureau E
			Advice of NCA Issued (ANCAI)		DBM-Bureau E
PA Financing Monitoring		TC 36	Annual PA Budget	By January 15 yearly	PASU; confirmed by PENRO
		TC 37	Quarterly Report on IPAF Utilization	Quarterly	PASU, PENRO, PENRO Budget Officer, PENRO Accountant



Annex A1. IPAF Templates

TC 1. BP 100-A. Statement of Revenues and Expenditures

TC 1 BP 100-A. Statement of Revenues and Expenditures

Protected Area:

Fund Code: 401

Source	Description of Specific Source of Revenue	Fund Code	Legal Basis	Balance as of Current Year	AMOUNT IN P'000										REMARKS	
					Y1 Estimate		Y2 Estimate		Y3 Estimate		Y4 Estimate		Y5 Estimate			
					Revenue	Expen Diture	Revenue	Expen diture	Revenue	Expen diture	Revenue	Expen diture	Revenue	Expen diture		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	

Prepared by:

PENRO
Accountant

Approved by:

Regional Executive Director

PASU

Steps in Accomplishing TC 1

Indicate name of protected area.

Column 1. List all current and potential revenue sources for the next five years of the protected area. This may include entrance fees, facilities user fees, development fee, package tour fee, resource user fee, concession fee, recreational fee, filming fee and garbage collection fee, among others.

Column 2. Provide a short description of the identified revenue sources. Indicate
a) from which PA users these revenues are collected;
b) frequency of collection; and c) amount/rate of fee.

Column 3. Indicate fund code, i.e., 401.

Column 4. Indicate legal basis for specific revenue sources. This may include NIPAS and DAO 2008-51, among others.

Column 5. Indicate cash balance of Fund 401 as of previous year.

Column 6-7. Indicate amounts based on FY 2012 BESF figures consistent with BP Form 100.

Columns 8-9. Indicate amounts based in revised FY 2012 BESF figures consistent with BP Form 100.

Columns 10-15. Indicate projected income and expenditures for the next three years for each revenue source.

For each revenue source, determine number of PA users which are likely to increase.

For each revenue source, determine fees whose amounts/rates will be increased in the next four years.

For each revenue source, factors percentage increases on number of users and amounts/fees to the base year's actual income generated.

For the succeeding four years, assume percentage increases for each revenue source in consideration of the assumptions used.

A steady or increasing percentages can be factored in.

For each revenue source, project expenditures that will be incurred and funded by this revenue source.

Column 16. Indicate significant information that should be noted for each revenue source identified, e.g., assumption/basis in the projection of income and expenditures.



TC 2. Memorandum on Protected Areas Sub-Fund Code for (indicate name of PA)

MEMORANDUM

FOR : The Regional Executive Director
 Department of Environment and Natural Resources
 Region (indicate region), (indicate office address)

THRU : The Regional Technical Director for Protected Areas, Wildlife and Coastal
 Zone Management Service

FROM : The Director

SUBJECT : PROTECTED AREAS SUB-FUND CODE NO. FOR (indicate name of
 PA)

Please find hereunder the Sub-Fund Code No. for the above-mentioned protected area:

Name of PA	Indicate name of PA
Central IPAF Code	401
PA Sub-Fund Code No.	401 – (indicate assigned PA Sub-Fund Code No.)

The income generated by (indicate name of PA) should be deposited to the account of the National Treasury in the name of the protected area through any of the authorized government depository bank using the above-mentioned Fund Code. Seventy-five percent (75%) of the income of (indicate protected area) should be deposited under the PA Sub-Fund Code No. (indicate PA Sub-Fund Code No.) while the remaining 25% to Central IPAF Code 401.

Attached is a copy of the Special Account Code for the Central IPAF issued by the Department of Budget and Management (DBM) per letter dated March 21, 1997 for your reference and guidance.

May we advise you to coordinate with your Finance Officer for assistance and clarification on the matter. Likewise, please furnish us list of collections deposited (using format presented below) to be prepared by PENRO monthly, including Certification from the Bureau of Treasury and deposit slips validated by the Bank (see sample slips provided below).

For information and record.

Signature Over Printed Name of PAWB Director



TC 3. PAMB Resolution Recommending Designation of (indicate name and post of proposed SCO) as the Special Collecting Officer for (indicate name of PA)

Whereas, Section 16 of the Republic Act 7586, otherwise known as the National Integrated Protected Areas System (NIPAS) Act of 1992, and Rule 18.7 of its Revised Implementing Rules and Regulations (DAO 2008-26) provides for the designation of a Special Collecting Officer (SCO) for each protected area;

Whereas, (*indicate name of proposed SCO*), is the (*indicate current position of proposed SCO*), of (*indicate name of PA*);

Whereas, the designated SCO shall perform the following functions:

- Collects and receives pertinent fees, charges, donations and all other income for (*indicate name of PA*), e.g., entrance fees, resource users fees and other fees collected and derived from the operations of the Park;
- Deposits/remits the collections under the IPAF Trust Fund at any AGDB accessible to the area;
- Maintains necessary records of collections and deposits; and
- Prepares and submits quarterly reports of collection to the PAMB (using the prescribed format attached as Annexes ___) which shall in turn be submitted to the Regional Executive Director (RED) through the Protected Areas, Wildlife and Coastal Zone Management Service (PAWCZMS) and Protected Areas and Wildlife Bureau (PAWB);

Therefore, it is hereby resolved, that (*indicate name of proposed SCO*) be designated by the DENR Regional Executive Director as SCO for (*indicate name of PA*).

Signed this ___ day of (*indicate month*), (*indicate year*) at Protected Area Office (*indicate address of Protected Area Office or where PAMB Resolution is issued*).

Signatories



TC 4.PASU Memorandum to PENRO Endorsing PAMB Resolution

MEMORANDUM

FOR : The PENR Officer
PENRO, (indicate name of Province)
Indicate address of PENRO

FROM : The Protected Area Superintendent
Indicate name of PA
Indicate address of PA

SUBJECT : **PAMB RESOLUTION NO. _____ RE: "A RESOLUTION RECOMMENDING DESIGNATION OF (INDICATE NAME AND POST OF PROPOSED SCO) AS THE SPECIAL COLLECTING OFFICER FOR (INDICATE NAME OF PA)"**

We are respectfully endorsing PAMB Resolution No.____, entitled "A Resolution Recommending Designation of (indicate name and post of proposed SCO) as the Special Collecting Officer for (indicate name of PA)".

For your information and appropriate action.

Signature Over Printed Name of PASU



TC 5.PENRO Memorandum to RED Endorsing PAMB Resolution

MEMORANDUM

FOR : The Regional Executive Director
Indicate office address

ATTENTION PAWCZMS

FROM : PENR Officer
PENRO, (indicate name of province)
Indicate office address

SUBJECT : ***PAMB RESOLUTION NO. _____ RE: “A RESOLUTION RECOMMENDING DESIGNATION OF (INDICATE NAME AND POST OF PROPOSED SCO) AS THE SPECIAL COLLECTING OFFICER FOR (INDICATE NAME OF PA)”***

We are respectfully endorsing PAMB Resolution No.____, entitled “A Resolution Recommending Designation of (indicate name and post of proposed SCO) as the Special Collecting Officer for (indicate name of PA)”.

For your information and appropriate action.

Please see attached SO for your signature.

Signature Over Printed Name of PENRO



TC 6.RED Special Order Designating PA Special Collecting Officer as Recommended by PAMB

Regional Special Order)

No. (indicate year) - _____:

Subject : **DESIGNATION OF (indicate name of SCO) AS SPECIAL COLLECTING OFFICER FOR THE INTEGRATED PROTECTED AREA FUND (IPAF) of (indicate name of PA)**

In the interest of service and in order to operationalize the Integrated Protected Area Fund (IPAF), (indicate name of SCO and designation), (indicate name of PA), is hereby designated as Special Collecting Officer (SCO) for IPAF of (indicate name of PA), pursuant to DAO 2008-26 and DAO 2000-45 dated June 6, 2000.

The said SCO has the following duties and responsibilities:

- Collects and receives pertinent fees, charges, donations and all other income for (*indicate name of PA*), e.g., entrance fees, resource users fees and other fees collected and derived from the operations of the Park;
- Deposits/remits the collections under the IPAF Trust Fund at any AGDB accessible to the area;
- Maintains necessary records of collections and deposits; and
- Prepares and submits quarterly reports of collection to the PAMB (using the prescribed format attached as Annexes ___) which shall in turn be submitted to the Regional Executive Director (RED) through the Protected Areas, Wildlife and Coastal Zone Management Service (PAWCZMS) and Protected Areas and Wildlife Bureau (PAWB).

This Order takes effect immediately and shall remain in force unless revoked/amended.

Very truly yours,

Signature Over Indicated Name of RED
Regional Executive Director



TC 7. PASU Memorandum Requesting PENRO for Official Receipt Books and/or Pre-Numbered Tickets

MEMORANDUM

FOR : The PENR Officer
PENRO, (indicate name of Province)
Indicate address of PENRO

FROM : The Protected Area Superintendent
Indicate name of PA
Indicate address of PA

SUBJECT : **REQUEST FOR RECEIPT BOOKS (AND/OR TICKETS)**
(Indicate whatever is applicable)

In connection with the objective of (indicate name of protected area) to start collecting fees from resource users within the said protected area, we would like to request for X (indicate no of books needed) receipt books and/or tickets. Attach is draft study of the receipt (and or tickets) that we would like to be printed.

For your appropriate action.

Signature Over Printed Name of PASu



TC 8. Order of Payment Form

Date: (row 1)

Unit: (row 2)

Fund Code	Income Description	Amount Collected	OR No	Date
(col 1)	(col 2)	Col 3)	(col 4)	(col 5)

Prepared by:

Approved by:

PENRO Accountant

PENRO

MEMORANDUM

To: The Special Collecting Officer
Indicate name of PA

From: The PENRO
Indicate name of province where PA is located

Subject: Order of Payment

Name of Remitter:

(row 3)

Address: (row 4)

Payment for:

User Fee Type (col 6)	Amount (col 7)
Total (row 5)	

For the collection and issuance of Official Receipt of above-noted.

Name and Signature of
PENRO

Acknowledgement of payment/remittance

Name and Signature of
Special Collecting Officer

Steps in Accomplishing TC 8

- Row 1. Indicate date of issuance of Order of Payment by PENRO Accountant.
- Row 2. Indicate unit of Office issuing the Order of Payment, i.e., PENRO Accountant of (indicate name of province)
- Column 1. Indicate 401 as Fund Code since all PA revenues should accrue to IPAF.
- Column 2. Indicate type of fee billed.
- Columns 3, 4 and 5. These are to be filled-up when fee has been collected by SCO. Indicate amount of fee collected, Official Receipt No issued and date of payment.
- Row 3. Indicate name of PA individual/firm/organization user being billed.
- Row 4. Indicate address of PA individual/firm/organization user being billed.
- Column 6. Enumerate type of PA user fees for payment.
- Column 7. Indicate amount of PA user fees for each type of PA user fee.



TC 9. Protected Area Logbook

Date (col 1)	Name (col 2)	Nationality (col 3)	Age (col 4)	Gender (col 5)	Address (col 6)	Type of Fee Paid (col 7)	Amount (col 8)	Signature (col 9)

Attested
By:

Special Collecting Officer

Steps in Accomplishing TC 9:

- Column 1. Indicate date when visitors enter the protected area.
- Column 2. Indicate name of visitors.
- Column 3. Indicate nationality of visitors.
- Column 4. Indicate age of visitors.
- Column 5. Indicate gender of visitors.
- Column 6. Indicate address of visitors.
- Column 7. Indicate type of user fee paid by visitor, e.g., entrance fee, facilities user fee etc.
- Column 8. Indicate amount of fee paid by visitors.
- Column 9. Have the visitor sign the logbook.



TC 10. SCO's Record Book of Daily Collections

Protected Area:

Date (col 1)	Name of Payee (col 2)	Ticket/ Official Receipt		Type of Fee (col 5)	Total Collections (col 6)	Total Deposits (col 7)			Ending Balance (col 8)
		Start of Serial No: (col 3)	End of Serial No: (col 4)			75% (PA Sub- Fund) (col 7.a)	25% (Central IPAF) (col 7.b)	TOTAL (col 7.c)	
Total/Day (last row)									

Steps in Accomplishing TC 10:

- Indicate name of protected area.
- Column 1. Indicate date when payment is received.

Column 2. Indicate name of payee.

Column 3 to 4. Indicate start and end serial numbers of ticket or official receipt booklet issued to each payee.

Column 5. Indicate type of fee paid by payee.



TC 11.SCO Letter of Intent to AGSB Requesting Opening of MDS Accounts

Date

Name of Bank Branch Manager:

Address of Bank Branch

Dear Mr/Ms. _____,

This is to express our interest in requesting for Clearing and MDS Account Nos for (indicate name of PA) with the following Codes:

Department Code: 15

(Department of Environment and Natural Resources)

Agency Code: B 1132

(Office of the Secretary)

Trust Fund Code: 401

(Integrated Protected Area Fund)

PA Sub-Fund Code: 401-(indicate PA Sub-Fund Code)

Please be informed, too, that the following are our authorized signatories and their extent of authority:

Name of authorized signatories	Extent of Authority
--------------------------------	---------------------

1) Signatory 1

2) Signatory 2

3) Signatory 3

We look forward to your favorable response.

Very truly yours,

Signature Over Printed Name of PENRO

Signature Over Printed Name of Cashier



TC 12.AGSB Client Information Sheet



CLIENT INFORMATION AND SPECIMEN SIGNATURE CARD FOR GOVERNMENT CUSTOMER (DEPOSIT ACCOUNT)

Customer ID No. (RM01)

Type Code: (RM01) Commercial

Sub-type Code: (RM01)

- | | | |
|--|--|--|
| <input type="checkbox"/> National Government Agency | <input type="checkbox"/> Local Government Unit | <input type="checkbox"/> Government-Owned and Controlled Corporation |
| <input type="radio"/> 11 - Executive Branch | <input type="radio"/> 21 - Barangay | <input type="radio"/> 31 - Government Bank |
| <input type="radio"/> 12 - Legislative Branch | <input type="radio"/> 22 - Municipal | <input type="radio"/> 32 - Non-Financial Public Enterprise |
| <input type="radio"/> 13 - Judicial Branch | <input type="radio"/> 23 - City | <input type="radio"/> 33 - Other Government Instrumentalities |
| <input type="checkbox"/> 14 - Constitutional Offices | <input type="radio"/> 24 - Provincial | <input type="checkbox"/> 39 Others. (pls. specify) _____ |

INSTITUTIONAL INFORMATION

Name of Government Institution (RM01):				Tax Identification Number (TIN) (RM01)	
				<input type="text"/> - <input type="text"/> - <input type="text"/>	
Official Address or Principal Business Address (RM01)					
Floor/Bldg	No./Street	Barangay/District	Municipality/City	Province	Zip Code
				Country	
Business Phone (RM01) (Area Code + Tel. No.)			Name of Mother Agency (if applicable) (RMC5)		
FOR GOVERNMENT OWNED AND CONTROLLED CORPORATIONS OR SIMILAR ENTITIES ONLY (RMC5)					
Place of Registration		Municipality/City		Province/Country	
				Date of Registration (mm/dd/yyyy)	
Registration Number			Registering Agency (CDA, DTI, SEC, etc.)		

AUTHORIZED REPRESENTATIVE/CONTACT PERSON INFORMATION (RMC5)

Name of Authorized Representative/Signatory/Contact Person	Position	Contact Numbers/Email Address	Remarks (indicate if authorized representative/signatory/contact person)
1			
2			
3			
4			
5			

OTHER INSTITUTIONAL INFORMATION

Total Employees (RMC5)	No. of Permanent Employees	No. of Contractual Employees	Employees Association (RMC5)	No. of Member Employees
Economic Activity (RMC5)				
<input type="checkbox"/> 0001 - Advisory Body/Policy/Governance/Regulatory	<input type="checkbox"/> 0008 - Food Industry	<input type="checkbox"/> 0016 - Research/Development/Scientific/Technological		
<input type="checkbox"/> 0002 - Agriculture	<input type="checkbox"/> 0009 - Forestry	<input type="checkbox"/> 0017 - Social Service		
<input type="checkbox"/> 0003 - Communication	<input type="checkbox"/> 0010 - Housing/Land Management	<input type="checkbox"/> 0018 - Sports/Gaming		
<input type="checkbox"/> 0004 - Education/Cultural	<input type="checkbox"/> 0011 - Industrial	<input type="checkbox"/> 0019 - Trading		
<input type="checkbox"/> 0005 - Electricity/Gas/Water	<input type="checkbox"/> 0012 - Infrastructure	<input type="checkbox"/> 0020 - Transportation, Storage & Communication		
<input type="checkbox"/> 0006 - Financial Institution	<input type="checkbox"/> 0013 - Medical & Health Service	<input type="checkbox"/> 0021 - Others (pls. specify) _____		
<input type="checkbox"/> 0007 - Fishery	<input type="checkbox"/> 0014 - Military/Law Enforcement			
	<input type="checkbox"/> 0015 - Promotional Tourism			
Created by Virtue of: (RMC5)			Date Created (mm/dd/yyyy) (RMC5)	

Executive Order No. _____ Others (p/s. Specify) _____ / _____ / _____

Existing Accounts w th LBP				Existing Accounts With Other Banks	
<input type="checkbox"/> SA	<input type="checkbox"/> Trust	<input type="checkbox"/> Trade	<input type="checkbox"/> MDS	Bank/Branch Name	Type of Account
<input type="checkbox"/> CA	<input type="checkbox"/> Loans	<input type="checkbox"/> Credit Card		_____	_____
<input type="checkbox"/> TD	<input type="checkbox"/> Treasury	<input type="checkbox"/> Remittance		_____	_____

PHONE ACCESS ENROLLMENT

Request For Enrollment Balance Inquiry Check Requisition Statement thru fax Others, (p/s. specify) _____

Accounts to be Enrolled and the Desired Services _____

Account Number	Account Type*	Account**		Fund Transfer**		Bills Payment
		Individual (I)/Joint (J)	Own	3rd Party	Source	
1. [][][][] - [][][][] - [][]						
2. [][][][] - [][][][] - [][]						
3. [][][][] - [][][][] - [][]						

* Indicate if individual account (I) or joint account (J). For joint "last" account, only jointly services can be enrolled.
** Full check 31 items in which it applies.

SPECIMEN SIGNATURE CARD

Account Number [][][][] - [][][][] - [][]	Account Type	Initial Deposit	Date Created (mm/dd/yyyy) ____ / ____ / ____
--	--------------	-----------------	---

Please recognize ANY ONE ANY TWO ALL of the following authorized signatures in the payment of funds or transactions of other business on my/our account.

Account Name _____

1. _____	2. _____
1. _____	2. _____
1. _____	2. _____

NAME _____ NAME _____

Attach Photo Here	LEFT THUMBMARK	RIGHT THUMBMARK	Attach Photo Here	LEFT THUMBMARK	RIGHT THUMBMARK

Remarks: _____

FOR BANK USE ONLY

Opened and Authenticated By: _____	Checked and Approved By: _____
Signature Over Printed Name	Signature Over Printed Name

MAILING INSTRUCTION Business Address For Pick-up

PASSBOOK/CHECKBOOK/PIN MAILER ACKNOWLEDGMENT SECTION

RELEASED BY: _____	APPROVED FOR RELEASE: _____	RECEIVED BY: _____
Customer Associate/Date/Time	Head/Operations Supervisor	Signature over printed name



TC 13. AGSB Signature Specimen Card

LAND BANK OF THE PHILIPPINES
SPECIMEN SIGNATURE CARD
NORTH AVENUE BRANCH

DATE (mm/dd/yyyy) **CLASS B**

ACCOUNT TYPE _____ INITIAL DEPOSIT **P** ACCOUNT NUMBER _____

NAME (First Name, Middle Name, Last Name or Company Name) _____

Please recognize ANY ONE ANY TWO ALL of the following authorized signatures in the payment of funds or transactions of other business on my/our account.

1. _____	2. _____
NAME _____	NAME _____
3. _____	4. _____
NAME _____	NAME _____

OPENED BY: _____ AUTHENTICATED BY: _____ APPROVED BY: _____



TC 14. Deposit Slip

ONCOLL PAYMENT SLIP
 LAND BANK OF THE PHILIPPINES
 ONCOLL PAYMENT SLIP

Date **August 13, 2012** **row 1**

Please check the appropriate mode of payment.
 Cash Check Debit from Account

MERCHANT/AGENCY DEPOSIT ACCOUNT NUMBER **0012222355** **row 2a**
 MERCHAND/AGENCY NAME **BUREAU OF TREASURY DENR REGION IV** **row 2b**

Reference Number 1 **row 3.a. Department Code: 15**
 Reference Number 2 **row 4. Agency Code: B1132**
 Reference Number 3 (Numeric) **row 5. 401-PA Sub-Fund Code**

Printed Name and Signature of Payor/Depositor/Representative
LETECIA M. CENDAÑA **row 3b**

Teller's Validation
 LBP CALAMBA T1(KRISTINE ANN)
 08-13-2012 10:19 Txn. Seq. #: 11858
 BTR-RO-IV-B CASH Payment
 Clring. Acct. No. 0012-2223-35
 Agency Name DENR REGION IV
 Agency Code B1132
 ARFA CODE 0434
 Amount 8,965.88

Amount **₱8,965.88**

ONCOLL PAYMENT SLIP
 This is your receipt when machine validated.
 CALAMBA BR.

Steps in Accomplishing TC 14:

- Row 1. Indicate date when deposit is being made.
- Row 2.a. Indicate Account/Clearing Account No. of the depository bank. At the end of the day, this is credited to the Treasurer of the Philippines' Real Account. In the case of Land Bank of the Philippines, a specific region has unique clearing account numbers.
- Row 2.b. Indicate Merchant/Agency Name. Indicate Treasurer of the Philippines as merchant/agency name.
- Row 3.a. Indicate Department Code: 15 as Reference No.1. This is DENR's code provided by Department of Budget and Management (DBM).
- Row 3.b. Indicate name of SCO and sign.
- Row 4. Indicate Agency Code: B 1132 as Reference No. 2. This is Office of the Secretary's code provided by DBM.
- Row 5. Indicate Fund Code 401-Sub Fund Code as Reference No.3. This is the IPAF code provided by DBM.
- Row 6. Indicate amount of money being deposited.



TC 15. List of Deposited Collections

- LDC No. (row 1)
- Period of Collection (row 2)
- Date remitted: (row 3)

- Name of Agency: (row 4)
- Agency Code: (row 5)
- Area Code: (row 6)
- Collecting Officer Code: (row 7)
- Station Code: (row 8)

Nature of Collection (Revenue/Income Account Code) (col 1)	Fund Code (col 2)	Amount (col 3)
Grand Total (row 9)		

Prepared by:

Signature Over Printed Name of SCO

Steps in Accomplishing TC 15:

- Row 1. Indicate LDC No. This includes current year and no of LDC being prepared, e.g., 2012-012 when the LDC is the 12th LDC for the current year.
- Row 2. Indicate period of collection of income being deposited.
- Row 3. Indicate date when deposit is being made.
- Row 4. Indicate Department of Environment and Natural Resources - name of protected area as agency name.
- Row 5. Indicate B1132 as agency code. This is the agency code provided by DBM for DENR's Office of the Secretary.
- Row 6. Indicate area code of AGDB where PA income is being deposited.
- Row 7. Indicate SCO's Code No. provided by BTr.
- Row 8. Indicate SCO's Station Code No. provided by BTr.
- Column 1. List all types of protected area income collected and for deposit for the period covered.
- Column 2. Indicate 401 - PA Sub-Fund Code No. as Fund Code.
- Column 3. For each type of income, indicate amount collected for deposit.
- Row 9. Indicate total amount of collections for deposit.
- Row 10. Have the SCO sign the LDC.



TC 16. General Ledger of PENRO Accountant

Accountant

Agency Name: (row 1)

Account Title: (row 2)

Account Code: (row 3)

Date (col 1)	Particulars (col 2)	Ref (col 3)	Amount					
			Debit (col 4)		Credit (col 5)		Balance (col 6)	

Prepared by: PENRO Accountant

Steps in Accomplishing TC 16:

Row 1. Indicate name of the agency.

Row 2. Indicate account title used in accordance with the prescribed Chart of Accounts.

Row 3. Indicate account code used in accordance with the prescribed Chart of Accounts.

Column 1. Indicate date of the source document.

Column 2. Indicate particulars or other information or details pertaining to the account.

Column 3. Indicate the source reference: general/special journal and sheet number.

Column 4. Indicate total/recapitulated amount or individual amount of the corresponding debit account in the general/special journal.

Column 5. Indicate total/recapitulated amount or individual amount of the corresponding credit account in the general/special journal.

Column 6. Indicate the difference between the Debit and Credit columns. Place parenthesis in the amount with a negative balance.

Steps in Accomplishing TC 17:

Row 1. Indicate name of the agency.

Row 2. Indicate month covered by the journal

Row 3. *Indicate* number of sheet of the journal, which shall be one series for each year.

Column 1. Indicate date of JEV.

Column 2. Indicate RCD No.– Report of Collections and Deposits Number.

Column 3. Indicate assigned JEV number.

Column 4. Indicate name of the Collecting Officer.

Column 5. Indicate amount collected based on the Official Receipt issued.

Columns 6 to 8. Indicate amount of income, receivables and other recurring accounts collected based on the Official Receipt issued.

Column 9. Indicate code of accounts credited for which no column has been provided.

Column 10. Put a check "Ö" mark to indicate completion of posting in the appropriate GL account.

Column 11. Indicate amount to be credited to the account.

Columns 12 to 14. Indicate amount debited upon remittance of collections to BTr.

Column 15. Indicate code of accounts debited for which no column has been provided.

Column 16. Put a check "Ö" mark to indicate completion of posting in the appropriate GL account.

Column 17. Indicate amount to be debited to the account.

Column 18. Indicate amount deposited to the BTr as deduction to the account of the Collecting Officer

For the month of: (indicate month for which report is being made)

Protected Area:

Name and ID of Special Collecting Officer:

PENRO/Regional Office:

Authorized Government Depository Bank (Name and Branch):



TC 18.Special Collecting Officer's Monthly Report of Collections and Deposits

Collections			Deposits					Cash on Hand (col 9)
Date (col 1)	OR No. (col 2)	Amount (col 3)	Date (col 4)	Deposit Slip No. (col 5)	Total (col 8)	Central IPAF (25%) (col 6)	PA Sub-Fund (indicate Sub-Fund Code) (75%) (col 7)	
TOTAL			TOTAL					

Steps in Accomplishing TC 18:

Indicate month for which report is being made, name of protected area, name of Special Collecting Officer, PENRO/Regional Office where PA is located and name and branch of depository bank.

Column 1. Indicate dates when collections were made.

Column 2. For each collection made, indicate OR No. issued.

Column 3. For each collection made, indicate amount collected.

Column 4. Indicate dates when collections were deposited.

Column 5. Indicate deposit slip no for each deposit made.

Column 6. Indicate total deposit for each date

Column 7. Compute for 25% of each total deposit and indicate in this column.

This will accrue to Central IPAF.

Column 8. Indicate PA Sub-Fund Code of PA. Compute and indicate in this column

75% of each total deposit. This will accrue to the PA Sub-Fund

Column 9. Indicate remaining cash on hand.



TC 19. Memo Endorsing Protected Areas Quarterly Report on IPAF Collections

MEMORANDUM

FOR : The Director, Protected Areas and Wildlife Bureau

Ninoy Aquino Parks and Wildlife Center, Quezon Avenue, Quezon City

The Regional Executive Director

Indicate address of RED

The PENRO, indicate address of PENRO

FROM : The Protected Area Superintendent
Indicate name of protected area
Indicate address of protected area

SUBJECT : **Quarterly Report on IPAF Collections of (Indicate name of protected area) for X Quarter, X Year (Indicate Reporting Period)**

Attached herewith is the X (indicate reporting period) quarter report of (indicate name of protected area) on its IPAF collections.

For your information and record.

Signature Over Printed Name of PASu

Annexes

Annex B. Report on Resource Users and Rates of Resource User Fees (Template 3.4.7)

Annex A. PAWB Statistical Form 1b (Template 3.4.8)

Annex C. Quarterly Report of Collections and Deposits (Template 3.4.5)

Annex D. Copies of Validated Deposit Slips (Annex 3.4.1)

Annex E. Certified Statement of Deposited Collections from BTr (Annex 3.4.2)



TC 20. Report on Resource Users and Rates of Resource User Fees

Protected Area:

Type of Fee (col 1)	No. of Users, (Year)			Frequency of Payment (col 5)	Rate/Fee per Type, (Year) (col 6)	Total Collections, (Year) (col 7)
	Female (col 2)	Male (col 3)	Total (col 4)			
PA Entrance Fees						
Philippine Residents						
Adult						
Children/Student						
Senior Citizens						
Non-Philippine Residents						
Facilities User Fee						
<i>Enumerate types of facilities, e.g., tables, picnic sheds, swimming pools</i>						
Development fees						
<i>Enumerate types development activities, e.g., resort establishment, telecom towers</i>						
Package Tour Fee						
<i>Enumerate types of package tours</i>						
Resource User Fees						
<i>Enumerate types of resource user fees</i>						
Concession Fees						
<i>Enumerate types of concession fees</i>						
Recreational Fees						
<i>Enumerate types of recreational fees</i>						
Royalty Fees						
<i>Enumerate types of royalty fees</i>						
Filming Fees						
Garbage Collection Fees						
Others, if any						

Prepared by:

PASU

Steps in Accomplishing TC 20:

Indicate name of protected area.

Column 1. Identify all user fee types collected within a protected area. For Facilities User Fee, for example, list all facilities in the protected area for which user fees are collected. Example of facilities are comfort rooms, kiosks/cottages/picnic sheds and parking spaces.

Columns 2 to 4. For PA entrance fees, determine number of visitors by gender.

Column 5. For user fees being collected in PA, indicate frequency of payment, i.e., per visit, daily, monthly or yearly.

Column 6. For each user fee type, indicate amount being charged to PA users.

Column 7. Indicate total collections for each user fee type for the required reporting period.



TC 21.PAWCZMS Statistical Form 1b

Function: Management and Development of Protected Areas										PAWCZMS Statistical Form		
		PROTECTED AREAS AND WILDLIFE BUREAU										
Activity : Monitoring of Income Generated within Protected Area		Statistical Report										
		_____ Qtr. CY _____ (row 1)										
Income Generated (Peso)										IPAF		
Protected Area/Region (col 1)	Protected Area Entrance Fee (col 2)	Facilities User Fee (col 3)	Resource User Fee (col 4)	Concessio n Fee (col 5)	Development Fee/ Royalty (col 6)	Contribution/ Donation (col 7)	Fines and Penalties (col 8)	Others (Pls. specify) (col 9)	Total Income (col 10)	Amount / Date Deposited to BTr (ask BTr/DBM on decimal points)		
										PA Sub- Fund (col 11)	Central IPAF (col 12)	Total IPAF (col 13)

Prepared and compiled
by:

Reviewe
d by:

Approved by:

SCO/PASU

CENRO/PENRO

RTD for PAWCZMS

Steps in Accomplishing TC 21:

- Row 1. Indicate quarter and year of reporting period.
- Column 1. Indicate name of protected area and region where it is located.
- Column 2. Indicate total income from protected area entrance fees.
- Column 3. Indicate total income from facilities user fees.
- Column 4. Indicate total income from resource user fees.
- Column 5. Indicate total income from concession fees.
- Column 6. Indicate total income from development and royalty fees.
- Column 7. Indicate total contributions/donations given to protected area.
- Column 8. Indicate total income from fines and penalties.
- Column 9. Indicate income from other sources. Specify these other sources.
- Column 10. Compute total income from all sources. Add columns 1 to 9.
- Column 11. Indicate amount and date when income was deposited to PA Sub-Fund.
For this column, indicate amount which accrued to PA Sub-Fund.
- Column 12. Indicate amount and date when income was deposited to Central IPAF.
For this column, indicate amount which accrued to Central IPAF.
- Column 13. Add total deposits to IPAF (column 11 + column 12).
- Column 14. Indicate important remarks, if necessary.



TC 22. PA Letter Requesting for Certification of Deposited Collections from BTr

Insert Date of Letter

Insert Name of Head of BTr Office
Officer

Insert Address of BTr Office

Dear Mr/Ms (Indicate surname of BTr Officer),

The (indicate name of PA) intends to reconcile its record on deposited collections with your Office's database to facilitate its request for Special Budget Release (SBR) from its revenue collections. We will appreciate receiving Certified Deposited Collections for the period (indicate requested reporting period). Attached are our Statement of Deposited Collections (Template 2) and validated deposit slips.

Here are details of the MDS Account:

Protected Area: Indicate name of protected areas

Agency: Department of Environment and Natural Resources

Fund Code: 401/401-(Insert PA Sub-Fund Code No.)

Special Collecting Officer: Indicate name of Special Collecting Officer

SCO Code No:

Position of Special Collecting Officer: Indicate position of Special Collecting Officer

Depository Bank: Indicate name of depository bank

Thank you for your valuable support.

Very truly yours,

Signature Over Printed Name of PENRO



TC 23. Budget Execution Document Form 2. Physical Plan

CY ____ PHYSICAL PLAN

Department / Agency:

MAJOR FINAL OUTPUTS (MFOs) / PROGRAMS, ACTIVITIES, and PROJECTS (PAPs)	PERFORMANCE INDICATORS	PREVIOUS YEAR		CY ____ PHYSICAL	CY ____ QUARTERLY PHYSICAL TARGETS			
		ACCOMPLISHMENTS (CY ____)			1st	2nd	3rd	4th
		ACTUAL	ESTIMATE					
Col 1	Col 2	Col 3		Col 4	Col 5			

Prepared By:

PASU

Date:

Planning Officer

Noted By:

Budget Officer

Date:

Approved:

RED

Date:

Steps in Accomplishing TC 23:

Column 1. Indicate MFOs and PAPs to which activities will contribute.

Column 2. Indicate performance indicators that for the activities identified.

Column 3. Indicate actual and estimated accomplishments for previous SBR.

Column 4. Indicate current SBR's physical targets.

Steps in Accomplishing TC 24:

Column 1. Indicate all programs, activities and projects (P/A/P) to be implemented in the current year/SBR. This shall also disclose the Major Final Outputs (MFOs) where the specific P/A/Ps shall be attributed.

Column 2. Indicate P/A/P code of the programs/activities as enumerated in Column 1

Column 3. Indicate previous year's obligations by P/A/P.

Column 4. Indicate breakdown of budgetary requirements by expense class (MOOE and CO).

200: Maintenance and Other Operating Expenses

300: Capital Outlay

Column 5. Indicate estimated quarterly commitments/obligations that could be made/incurred in current year when SBR is being requested.



TC 25. Budget Execution Document Form 3. Monthly Cash Program

Protected Area:

Particulars (col 1)	Total Cash Program (col 2)	Jan (col 3)	Feb (col 4)	Mar (col 5)	Apr (col 6)	May (col 7)	June (col 8)	July (col 9)	Aug (col 10)	Sept (col 11)	Oct (col 12)	Nov (col 13)	Dec (col 14)
Summary													
MOOE													
COs													
TOTAL													

Prepared
by:

PENRO Budget
Officer

Approved by:

PASU

PENRO

Steps in Accomplishing TC 25:

Column 2. Indicate total budgetary requirements by expense class.

Columns 3 – 14. Indicate monthly budgetary requirements based on schedule of disbursements vis-à-vis delivery of physical. Indicate total budgetary requirements per month.



TC 27. PAMB Resolution Approving WFP

Indicate name of protected area
Protected Area Management Board

“Excerpts from minutes of (indicate name of protected area) – Protected Area Management Board Special Meeting held on (indicate date of meeting)

Members Present:
(List names and positions of members present)

Others Present:
(List names and positions of other members present)

Resolution No. (indicate no of PAMB Resolution)

Approving the (indicate period) Work and Financial Plan of (indicate name of protected area and address) and Requesting the Department of Budget and Management to Release from Fund (Indicate PA Sub-Fund Code No) the Total Amount of (indicate amount being requested) Representing the 75% Share of (indicate name of protected area) Covering the Revenue Collection Periods (indicate collection period);

Whereas, pursuant to Republic Act 7586 otherwise known as the National Protected Areas System Act of 1992 and IPAF governing rules and regulations, the protected area is entitled to 75% of its total income;

Whereas, the protected area has generated revenues covering the periods (indicate collection period) the amount (indicate total collection) inclusive of Official Receipts (indicate nos of 1st receipt and last receipt of collection) out of which (indicate amount) represents the total 75% share of (indicate name of protected area) and deposited to IPAF Sub-Fund Account (indicate PA Sub-Fund No);

Whereas, disbursement of the 75% share shall be made solely for protection, maintenance, administration and management of the protected area and duly approved projects endorsed by PAMB, in the amounts authorized by DENR;

Whereas, various activities and projects for the period (indicate WFP period) have been proposed and duly approved by the Protected Area Management Board for implementation which funding shall be sourced from the protected area’s 75% share;

Whereas, presented before this body is (indicate WFP period) Work and Financial amounting to (indicate amount being requested);

Wherefore, premises considered after due deliberation and upon motion of (indicate name), duly seconded by (indicate name), the (indicate name of protected area) Protected Area Management Board

Resolve as it is hereby resolved the following:

- 1) Approval of (indicate period) Work and Financial Plan amounting to (indicate amount being requested) to be derived from the protected area's 75% share from revenues generated for the period (indicate collection period) and distributed according to expense class:

Maintenance and Other					
Operating Expenses (MOOEs)	=	(indicate amount)			
Capital Outlay (CO)	=	(indicate amount)			
TOTAL	=	(indicate	total	amount	being requested)

Describe proposed activities under Capital Outlays. Describe proposed activities under MOOEs.

- 2) Request the Department of Budget and Management the release of Special Allotment Release Order (SARO) amounting(indicate amount)and issuance of corresponding Notice of Cash Allocations (NCAs) based on submitted Monthly Cash Program to cover the period (indicate period)in favor of (indicate name of protected area);
- 3) For the PASU to prepare the necessary request to DBM and its relevant attachments for immediate submission to DBM and DENR Region (indicate region where PA is located) duly coursed through, respectively; and
- 4) Attached herein the subject approved (indicate period) Work and Financial Plan that will become an integral part of this resolution.

Finally resolved that copies of this Resolution and its corresponding Work and Financial Plan be furnished to the Resident Auditor of the Commission of Audit and Accountant of PENRO-(indicate address of PENRO) for their record and reference.

So approved.

Certified true and correct this (indicate date)

Signature Over Printed Name of PAMB Secretariat (PASU)

Noted:

Signature Over Printed Name of PENRO-(indicate name of province)

Concurred:

Signature Over Printed Name of Presiding Officer
Indicate position of presiding officer

Affirmed by:

Signature Over Printed Name of RED



TC 28. List of Personnel Working or Designated for PA

Protected Area:

Name of Personnel (col 1)	Position (col 2)	Gender (col 3)	Salary Grade (col 4)	Status of Employment (col 5)	% of Daily Work Hours Devoted to PA (col 6)	Tasks Assigned (col 7)

Prepared by :

PASU

Steps in Accomplishing TC 28:

Row 1. Indicate period covered by SAOB.

Column 1. Indicate Special Allotment Release Order (SARO) No. under two categories: current year and prior year's allotment.

Column 2. Indicate allotment for Capital Outlays and MOOEs. Indicate total allotments.

Column 3. Indicate amount obligated for each SARO received. Breakdown into Capital outlays and MOOEs. Indicate total allotments obligated.

Column 4. Indicate remaining balance for allotments received. Breakdown balances into Capital Outlays and MOOEs. Indicate total balance.



TC 29. Statement of Allotments, Obligations and Balances (SAOB)

Period Covered (Row 1)

Particulars/ SARO No. (col 1)	Allotments (col 2)			Obligations (col 3)			Balances (col 4)		
	MOOE	CO	TOTAL	MOOE	CO	TOTAL	MOOE	CO	TOTAL
A. Current Year's Allotment									
	Sub-Totals								
B. Prior Years' Allotments (Continuing Appropriation)									
Sub-Totals									
C. GRAND TOTAL									
Prepared by:									
PENRO Budget Officer									

Steps in Accomplishing TC 29:

Row 1. Indicate period covered by SAOB.

Column 1. Indicate Special Allotment Release Order (SARO) No. under two categories: current year and prior year's allotment.

Column 2. Indicate allotment for Capital Outlays and MOOEs. Indicate total allotments.



TC 31. Monthly Report of Disbursements

Protected Area

Government Servicing Bank

MDS Account No.

PARTICULARS	Allotment		
	MOOE (col 3)	CO (col 4)	TOTAL (col 5)
Date and Check Issued No. (col 1 to 2)			

Prepared by:

PENRO Accountant

Steps in Accomplishing TC 31:

Columns 1 to 2. List all cheques, including dates and check nos, issued charged against the MDS Account.

Columns 3 to 11. For each cheque, indicate amount under specific expense class and by type of allotment.

Columns 12 to 14. Compute for total disbursements for each expense class.



TC 32. Physical Accomplishment Report of Work and Financial Plan for Amount Previously Requested

Protected Area:

Program (col 1)	Activities (col 2)	UC (col 3)	MFO No. (col 4)	OVI No. (col 5)	UWM (col 6)	Targets (col 7)	Accomplish- ments (col 8)	% Accomplis hment (col 9)	Remarks (col 10)

Prepared by:

PASU

Steps in Accomplishing TC 32:

Indicate name of protected area.

Columns 1 to 7. Reflect these data provided in WFP submitted for SBR.

Column 8. Indicate number of accomplishments per UWM target.

Column 9. Compute percentage of accomplishments vis-à-vis targets. This is equal to column 8/column 7.

Column 10. Write important notes for each item, if applicable.



TC 33. SBR Request Endorsement to PENRO

FOR : The Secretary
Department of Environment and Natural Resources

The Director, Protected Areas and Wildlife Bureau
Ninoy Aquino Parks and Wildlife Center, Quezon Avenue, Quezon City

The Regional Executive Director
Indicate address of RED

The PENRO, indicate address of PENRO

FROM : The Protected Area Superintendent
Indicate name of protected area
Indicate address of protected area

SUBJECT : **Special Budget Release Request in the Amount of (indicate amount being requested) for (indicate name of protected area)**

In pursuit of more effective and efficient implementation of x year (indicate year) Annual Work and Financial Plan (AWFP) of (indicate name of protected area), we would like to submit our Special Budget Release (SBR) request for the attached Work and Financial Plan for (indicate period of WFP).

As part of our AWFP, we believe that carrying-out the identified activities will help in (describe expected impacts of proposed WFP activities).

Attached are the following documents:

- Work and Financial Plan (indicate WFP period)
- Monthly Cash Program
- PAMB Resolution approving WFP
- PA General Management Plan/Initial PA Plan
 - Profile of PA
 - Pictures of PA
- List of personnel working/designated for PA
- MDS Account No. certified by AGSB with letterhead/logo
- Certified Statement of Deposited Collections and Certification of Deposited Collections from Bureau of Treasury

Signature Over Printed Name of PASU



TC 34.SBR Request Endorsement to RED

FOR : The Regional Executive Director
Indicate address of RED

FROM : The Provincial Environment and Natural Resources Office
Indicate address of protected area

SUBJECT : **Endorsement of Special Budget Release Request in the Amount of (indicate amount being requested) for (indicate name of protected area)**

We are endorsing to your Office the Special Budget Release (SBR) Request of (indicate name of protected area) in the amount of (indicate amount being requested) for implementation of (discuss proposed activities indicated in WFP). These activities will contribute to targets in the x year (indicate year) Annual Work and Financial Plan of (indicate name of protected area), including (discuss AWFP targets to which the proposed WFP will contribute).

For your appropriate action.

Signature Over Printed Name of PENRO



TC 35.SBR Request Endorsement to PAWB Central Office

FOR : The Director
Protected Areas and Wildlife Bureau
Ninoy Aquino Parks and Wildlife Center, Quezon Avenue, Quezon City

FROM : The Regional Executive Director
Indicate address of RED Office

SUBJECT : **ENDORSEMENT OF SPECIAL BUDGET RELEASE REQUEST IN
THE AMOUNT OF (INDICATE AMOUNT BEING REQUESTED)
FOR (INDICATE NAME OF PROTECTED AREA)**

We are endorsing to your Office the Special Budget Release (SBR) Request of (indicate name of protected area) in the amount of (indicate amount being requested) for implementation of (discuss proposed activities indicated in WFP).

We are pleased to inform you that submitted documents are complete and ready for endorsement to the Department of Budget and Management.

For your appropriate action.

Signature Over Printed Name of RED



TC 36. Annual PA Budget

Year (indicate year) (row 1/col 1)	Annual Budget, in pesos
Capital Outlays (row 2/col 1) (Kindly enumerate investment items)	row 2/col 2
Personnel Expenses/Costs (row 3/col 1) (Kindly enumerate PA staff)	row 3/col 2
Maintenance and Other Operating Expenses (MOOEs)/Costs (row 4/col 1)	row 4/col 2
Enforcement activities (row 5/col 1)	row 5/col 2
Training activities (row 6/col 1)	row 6/col 2
Gas and Oil (row 7/col 1)	row 7/col 2
Travels (row 8/col 1)	row 8/col 2
Maintenance and repair of vehicles (row 9/col 1)	row 9/col 2
Utilities (row 10/col 1)	row 10/col 2
Supplies and materials (row 11/col 1)	row 11/col 2
Others? (row 12/col 1)	row 12/col 2
TOTAL (row 13/col 1)	row 13/col 2

Prepared by:

Signature Over Printed Name of PASU

Confirmed by:

PENRO

Steps in Accomplishing TC 36:

Row 1/Column 1. Indicate year for which PA budget from DENR is being presented.

Row 2/Column 2. Indicate total budget allotted for Capital Outlays or Investment Costs. If possible, list proposed Capital Outlay items proposed for the year under row 2.

Row 3/Column 2. Indicate total budget allotted for Personnel Expenses. If possible, list PA staff who will be charged against PA budget for the year under row 3.

Row 4/Column 2. Indicate total budget allotted for Maintenance and Operating Expenses (MOOEs) of PAs for the year.

Row 5/Column 2. Indicate total budget for enforcement activities, including conduct of regular patrols.

Row 6/Column 2. Indicate total budget for conduct of training activities.

Row 7/Column 2. Indicate total budget for gas and oil expenses.

Row 8/Column 2. Indicate total budget for travel expenses, e.g., travel expenses for monitoring activities.

Row 9/Column 2. Indicate total budget for maintenance and repair of PA vehicles used, e.g., vehicles used for patrolling.

Row 10/Column 2. Indicate total budget for utilities, including electricity and water expenses.

Row 11/Column 2. Indicate total budget for supplies and materials.

Row 12 and following/Column 1. List other MOOEs, if any.

Row 12/Column 2 and following. Indicate budget for other MOOEs identified.



TC 37. Quarterly Report on IPAF Utilization

Protected Area: (row 1)

Quarter: Year (row 2)

Month (col 1)	Date when SBR was Submitted to PENRO by PASU (col 2)	Period Covered by SBR (col 3)	Amount Requeste d (col 4)	Special Allotment Release Order(SARO)					Notice of Cash Allocation (NCA)			
				Date of Issuanc e (col 5)	SARO No. (col 6)	Amoun t Issued (col 7)	Obligatio n (col 8)	Balance (col 9)	NCA No. (col 10)	Amoun t (col 11)	Disbursemen t (col 12)	Unutilized Balance (col 13)

Prepared by:

PASU

PENRO Budget
Officer

PENRO Accountant

PENRO

Steps in Accomplishing TC 37:

Row 1. Indicate name of protected area.

For each month,

Column 1. Indicate quarter and year for which the report is being prepared.

Column 2. Indicate date when SBR was endorsed from PASU Office to PENRO.

Column 3. Indicate period covered by each SBR.

Column 4. For each SBR, indicate amount requested.

Column 5. Indicate date of issuance of SARO.

Column 6. Indicate number of SARO issued.

Column 7. For each SARO, indicate amount of PA Sub-Fund issued.

Column 8. For each SARO, indicate amount of PA Sub-Fund already obligated.

Column 9. For each SARO, indicate unobligated amount of PA Sub-Fund.

Column 10. For each SARO, indicate number of NCA.

Column 11. For each NCA, indicate amount of NCA issued.

Column 12. For each NCA, indicate amount of NCA disbursed.

Column 13. For each NCA, indicate unutilized amount of NCA issued.