

(FORM-12) 	Republic of the Philippines Office of the Chief Minister Bangsamoro Autonomous Region in Muslim Mindanao Bangsamoro Government Center, Cotabato City	<i>Received by Internal Audit Office:</i>
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STANDARDIZED DOCUMENTARY CHECKLIST (SDC) AND GUIDELINES FOR PROCESSING OF PAYMENTS <i>(in reference to COA Cir. 2012-001)</i>	Control No.
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REMITTANCE TO OTHER GOVERNMENT AGENCIES	<i>[Version 9.0]</i>
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Type of Transaction: <input type="checkbox"/> GSIS Remittance (PS & GS) <input type="checkbox"/> PHIC (PhilHealth) Remittance (PS & GS) <input type="checkbox"/> HDMF (Pag-Ibig) Remittance (PS & GS) <input type="checkbox"/> Monthly BIR Remittance – Creditable Income Tax (suppliers) <input type="checkbox"/> Monthly BIR Remittance-VAT/PT Withheld <input type="checkbox"/> Monthly BIR Remittance – Income Tax Withheld on Compensation <input type="checkbox"/> Quarterly BIR Remittance – Creditable Income Tax (suppliers) <input type="checkbox"/> Remittance to Bangsamoro Treasury Office (BTO) <input type="checkbox"/> Return of Fund to Bureau of Treasury	General Instructions: <input checked="" type="checkbox"/> To avoid delays in processing, please make sure that all applicable documentary requirements are <u>completely attached</u> . <input checked="" type="checkbox"/> Please make sure that all attachments are <u>completely signed by authorized persons</u> . <input checked="" type="checkbox"/> To preserve the credibility of the documents attached, please avoid erasures or any form of alterations as much as possible. <input checked="" type="checkbox"/> Should there be any unavoidable alterations, please countersign beside it.
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GSIS Remittance (Personal & Government Share)	PhilHealth Remittance (Personal & Govt. Share)	HDMF Remittance (Personal & Govt. Share)
<input type="checkbox"/> Obligation Request and Status (ORS) <input type="checkbox"/> Disbursement Voucher <input type="checkbox"/> Schedule of Remittance <input type="checkbox"/> Summary of Totals <input type="checkbox"/> Official Receipt (for post-audit)	<input type="checkbox"/> Obligation Request and Status (ORS) <input type="checkbox"/> Disbursement Voucher <input type="checkbox"/> Schedule of Remittance <input type="checkbox"/> Official Receipt (for post-audit)	<input type="checkbox"/> Obligation Request and Status <input type="checkbox"/> Disbursement Voucher <input type="checkbox"/> Remittance List <input type="checkbox"/> Official Receipt (for post-audit)

Remittance to Bangsamoro Treasury Office	Fund Return to Bureau of Treasury
<input type="checkbox"/> Disbursement Voucher <input type="checkbox"/> Schedule of Remittance <input type="checkbox"/> Remittance Form <input type="checkbox"/> Official Receipt (for post-audit)	<input type="checkbox"/> Demand Letter from Accounting Division (if applicable) <input type="checkbox"/> RCI from the source agency, certified by their Accountant (if applicable) <input type="checkbox"/> Credit Notice from COA (if applicable) <input type="checkbox"/> List of Collections certified by LBP <input type="checkbox"/> Official Receipt/Validated Bank Payment Slip (for post-audit)

Monthly BIR Remittance	Quarterly BIR Remittance
<input type="checkbox"/> Disbursement Voucher <input type="checkbox"/> Schedule of Remittance <input type="checkbox"/> BIR Form No. 0619-E for Creditable Income Taxes Withheld (Expanded) <input type="checkbox"/> BIR Form No. 1600 for VAT/Percentage Tax Withheld <input type="checkbox"/> BIR Form No. 1601-C for Income Taxes Withheld on Compensation <input type="checkbox"/> Official Receipt/Validated Bank Payment Slip (for post-audit)	<input type="checkbox"/> Disbursement Voucher <input type="checkbox"/> Schedule of Remittance <input type="checkbox"/> BIR Form No. 1601-EQ for Creditable Income Taxes Withheld (Expanded) <input type="checkbox"/> Official Receipt/Validated Bank Payment Slip (for post-audit)

RELEASED BY AMS	RECEIVED BY BUDGET DIVISION	<input type="checkbox"/> INCOMPLETE ATTACHMENTS	FORWARDED TO ACCOUNTING
Date Released: _____	Date Received: _____	Date returned to the concerned office: _____	Date returned to Budget Div.: _____
Responsible Person: _____	Responsible Person: _____	Responsible Person: _____	Responsible Person: _____

FORWARDED TO FMS DIRECTOR	FORWARDED TO ASST. SENIOR MINISTER	FORWARDED TO CASH DIVISION	
Date Received: _____	Date received: _____	Date received: _____	Date released: _____
Responsible Person: _____	Responsible Person: _____	Responsible Person: _____	Responsible Person: _____