

(FORM-6)	 <p>Republic of the Philippines Office of the Chief Minister Bangsamoro Autonomous Region in Muslim Mindanao Bangsamoro Government Center, Cotabato City</p>	Received by Internal Audit Office:	
STANDARDIZED DOCUMENTARY CHECKLIST (SDC) AND GUIDELINES FOR PROCESSING OF PAYMENTS (in reference to COA Cir. 2012-001)		Control No.	
OTHER PERSONNEL BENEFITS AND HONORARIA [Version 9.0]			
Payment for: <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Terminal Leave Benefits <input type="checkbox"/> Year-end Bonus / Cash Gift <input type="checkbox"/> Productivity Incentive Allowance (PIB) <input type="checkbox"/> Honoraria	<i>General Instructions:</i> <input checked="" type="checkbox"/> To avoid delays in processing, please make sure that all applicable documentary requirements are completely attached . <input checked="" type="checkbox"/> Please make sure that all attachments are completely signed by authorized persons . <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.		
Additional Attachments to ORS and DV:			
<p style="text-align: center;">Retirement Benefits</p> <input type="checkbox"/> Updated service record <input type="checkbox"/> Retirement application <input type="checkbox"/> Office Clearance from money, property and legal accountabilities SALN <input type="checkbox"/> Retirement Gratuity computation <input type="checkbox"/> Affidavit of Undertaking for authority to deduct accountabilities <input type="checkbox"/> Affidavit of no pending criminal investigation or prosecution against him/her <i>In case of resignation:</i> <input type="checkbox"/> Resignation letter duly received by the Agency Head <i>In case of death of claimant:</i> <input type="checkbox"/> Same requirements as those for last salary <input type="checkbox"/> Death Certificate authenticated by NSO/PSA <input type="checkbox"/> Birth Certificates of surviving legal heirs authenticated by NSO/PSA <input type="checkbox"/> Designation of next-of-kin <input type="checkbox"/> Waiver of right of children 18 years old and above <input type="checkbox"/> Affidavit of two disinterested parties that the deceased is survived by legitimate and illegitimate children (if any), natural, adopted or children of prior marriage	<p style="text-align: center;">Productivity Incentive Allowance (PIB)</p> <i>For individual claims:</i> <input type="checkbox"/> Certification that the performance ratings for the 2 semesters given to the personnel of the concerned division/office is at least satisfactory <input type="checkbox"/> Certification from the Legal Office that the employee has no administrative charge <i>General Claims:</i> <input type="checkbox"/> PIB Payroll <input type="checkbox"/> List of personnel suspended within the year, regardless of duration <input type="checkbox"/> List of personnel dismissed within the year <input type="checkbox"/> List of personnel on Absent Without Official Leave (AWOL) <input type="checkbox"/> Certification that the performance ratings for the 2 semesters given to the personnel of the concerned division/office is at least satisfactory <input type="checkbox"/> Payroll Register (soft & hard copy) <input type="checkbox"/> Letter to Bank to credit employees' account of their salaries or other claims <input type="checkbox"/> Validated deposit slips	<p style="text-align: center;">Year-End Bonus & Cash Gift</p> <i>For individual claims:</i> <input type="checkbox"/> Clearance from money, property and legal accountabilities <input type="checkbox"/> Certification from the Head of Office that the employee is qualified to receive the YEB and CG <i>General Claims:</i> <input type="checkbox"/> YEB and CG Payroll <input type="checkbox"/> Payroll Register (soft & hard copy) <input type="checkbox"/> Letter to Bank to credit employees' account of their salaries or other claims <input type="checkbox"/> Validated deposit slips	
<p style="text-align: center;">Terminal Leave Benefits</p> <input type="checkbox"/> Clearance from money, property and legal accountabilities from the Central Office and Regional Office of last assignment <input type="checkbox"/> Certificate of Leave Credits <input type="checkbox"/> Approved leave application <input type="checkbox"/> Complete service record SALN <input type="checkbox"/> Certified photocopy of appointment / Notice of Salary Adjustment (NOSA) if the salary under the last appointment is not the highest <input type="checkbox"/> Computation of terminal leave benefits duly signed/certified by the accountant <input type="checkbox"/> Affidavit (authorization) to deduct all financial obligations with the employer <input type="checkbox"/> In case of resignation, employee's letter of resignation duly accepted by the Head of the Agency <i>In case of death of claimant:</i> <input type="checkbox"/> Same requirements as those for last salary <input type="checkbox"/> Death Certificate authenticated by NSO/PSA <input type="checkbox"/> Birth Certificates of surviving legal heirs authenticated by NSO/PSA <input type="checkbox"/> Designation of next-of-kin <input type="checkbox"/> Waiver of right of children 18 years old and above	<p style="text-align: center;">Uniform/Clothing Allowance (U/CA)</p> <i>For individual claims:</i> <input type="checkbox"/> Certified true copy of approved appointment of new employees <input type="checkbox"/> Certificate of Assumption <input type="checkbox"/> Certification of non-payment from previous agency (for transferees) <input type="checkbox"/> Certificate of Service Rendered / DTR <i>*For new employees: after they have rendered 6 consecutive months of service or in the next grant, whichever comes later</i> <i>*For employees on detail: charged to his/his mother agency</i> <i>*For transferees: only those transferred within the first 6 months of the year, and have not granted U/CA by his/her former agency</i> <i>*For transferees: only those transferred within the first 6 months of the year, and have not granted U/CA by his/her former agency</i> <i>*For employee on study leave or on study/ training/ scholarship grant locally or abroad: shall be entitled to the U/CA for the year if he/she renders at least six (6) months of service in the same year, including leaves of absence with pay, prior to and/or after the study leave or study/training/scholarship</i>		
<p style="text-align: center;">Honoraria for BAC Chair, Members & TWG</p> <input type="checkbox"/> Office Order creating the BAC composition and authorizing members to collect honoraria <input type="checkbox"/> Minutes of BAC Meeting <input type="checkbox"/> Notice of Award to the winning bidder of procurement activity being claimed <input type="checkbox"/> Certification that the procurement involves competitive bidding <input type="checkbox"/> Attendance Sheet listing names of attendees to the BAC Meeting <i>*Honoraria shall not exceed 25% of their respective basic monthly salary subject to availability of funds</i>	<p style="text-align: center;">Honoraria for Lecturer/Coordinator/Facilitator</p> <input type="checkbox"/> Office Order <input type="checkbox"/> Coordinator's report on lecturer's schedule <input type="checkbox"/> Course Syllabus/Program of Lecturers <input type="checkbox"/> Duly approved DTR in case of claims by the coordinator and facilitators	<p style="text-align: center;">Honoraria for Special Projects</p> <input type="checkbox"/> Performance evaluation plan formulated by project management used as basis for rating the performance of members <input type="checkbox"/> Office Order designating members of the special project <input type="checkbox"/> Terms of Reference <input type="checkbox"/> Certificate of completion of project deliverables <input type="checkbox"/> Special Project Plan <input type="checkbox"/> Authority to collect honoraria <input type="checkbox"/> Certificate of acceptance by the agency head of the deliverables per project component	
RELEASED BY AMS	RECEIVED BY BUDGET DIVISION	<input type="checkbox"/> INCOMPLETE ATTACHMENTS	FORWARDED TO ACCOUNTING
Date Released: _____ Responsible Person: _____	Date Received: _____ Responsible Person: _____	Date returned to the concerned office: _____ Responsible Person: _____	Date received by Accounting Division: _____ Responsible Person: _____
FORWARDED TO FMS DIRECTOR	FORWARDED TO ASST. SENIOR MINISTER	FORWARDED TO CASH DIVISION	
Date Received: _____ Responsible Person: _____	Date received: _____ Responsible Person: _____	Date received: _____ Responsible Person: _____	Date released: _____ Responsible Person: _____