






REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG PANANALAPI
KAWANIHAN NG INGATANG-YAMAN
(BUREAU OF THE TREASURY)

Attachment 1
Fidelity Bond Application Form
(Revision No. 02 Date: May 30, 2022)

RISK NUMBER <i>(to be accomplished by BTr Officer)</i>

REQUEST FOR APPLICATION FOR BONDING AND/OR CANCELLATION OF
FIDELITY BOND OF ACCOUNTABLE PUBLIC OFFICER

INSTRUCTIONS:		1. ACCOMPLISH THIS FORM CORRECTLY	3. MARK APPROPRIATE BOXES <input type="checkbox"/> WITH CHECK "✓"
2. PRINT ENTRIES LEGIBLY IN CAPITAL LETTERS			
TYPE OF APPLICATION:	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELLATION, <i>please proceed to Item Nos. 24-32</i>	OLD RISK NUMBER:	
		<i>For Renewal</i>	
1. NAME			 <i>MAE LEENE A JULIAN</i>
JULIAN MAE LEENE ATON <i>Surname Given Name Name Ext. (e.g., Jr.) Middle Name</i>			
2. ADDRESS			
PUROK 1, KALASUYAN, CITY OF KIDAPAWAN NORTH COTABATO, NORTH COTABATO			
3. DATE OF BIRTH (mm/dd/yyyy)	4. PLACE OF BIRTH		
02/03/1994	KIDAPAWAN CITY		
5. SEX	7. CIVIL STATUS	8. CONTACT NUMBER	
<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	9101167309	
6. TIN	<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	9. EMAIL ADDRESS	
487845716		m_julian@cda.gov.ph	
10. MONTHLY INCOME (Salaries, allowances, business income and the like)		11. ESTIMATED MONTHLY EXPENSES	
33,843.00		15,000.00	
12. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, give details:</i> _____			
13. a. Have you ever been charged of any administrative and/or criminal offense?		b. Have you ever been found guilty of any administrative and/or criminal case before any administrative body, tribunal or court?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, give details:</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, give details:</i>	
Case No/s. _____ Date Filed: _____ Status of Case/s: _____		Case No/s. _____ Date Filed: _____ Status of Case/s: _____	
14. CHARACTER REFERENCE (Individual must not be related up to the fourth degree by consanguinity or affinity to applicant)			
NAME	ADDRESS	CONTACT NUMBER	
ELMA R. OGUIS	DAVAO CITY	9176333975	
FLORA T. CASTRO	TACURONG CITY, SOUTH COTABATO	9235322275	
DOREEN C. ANCHETA	MATALAM, NORTH COTABATO	9208307213	
15. I declare that the answer to the foregoing questions are true to the best of my knowledge and belief. I fully understand that any misrepresentation made in this application and supporting documents shall cause the filing of administrative/criminal case(s) against me.			
Government Issued ID	: TIN CARD	<i>MAE LEENE</i> MAE LEENE ATON JULIAN / 08/02/2023 <i>Signature over Printed Name /Date Accomplished</i>	
ID/License/Passport Number	: 487-845-716-000		
Date/Place of Issue	: KIDAPAWAN CITY		
16. SUBSCRIBED AND SWORN to before me this <u>30 AUG 2023</u> , a/an <u>attorney</u> exhibiting his/her <u>validly issued Government</u> ID as indicated above.			
Doc. No.	<u>491</u>	ATTY. GIL RAY V. ONTAL Notary Public for Province of Cotabato Until December 31, 2023 (BP) DB NO. 255795-12429/22 Pasig City PTR NO. 2097399 01/03/23 Kidapawan City Notarial Commission No. 139-2020 Roll No 75853	
Page No.	<u>1</u>		
Book No.	<u>2023</u>		
Series of	<u>2023</u>		
			

17. AMOUNT OF ACCOUNTABILITY <table style="width:100%; margin-top: 10px;"> <tr> <td></td> <td style="text-align: center;">AMOUNT OF ACCOUNTABILITY</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>(a) Public Funds</td> <td></td> </tr> <tr> <td>(1) As Collecting Officer</td> <td>P <u>250,000.00</u></td> </tr> <tr> <td>(2) As Disbursing Officer</td> <td><u>1,000,000.00</u></td> </tr> <tr> <td>(3) As Signing Officer</td> <td><u>1,000,000.00</u></td> </tr> <tr> <td>(4) Investment Officer (GS Investments, Time Deposits, etc.)</td> <td><u>0.00</u></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>(b) Public Property</td> <td></td> </tr> <tr> <td>(1) Inventories (per GAAM)</td> <td>P <u>0.00</u></td> </tr> <tr> <td>(2) Property, Plant & Equipment (Net Book Value)</td> <td><u>0.00</u></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>(c) Forms and other valuables</td> <td></td> </tr> <tr> <td>(1) Internal Revenue Stamps</td> <td>P <u>0.00</u></td> </tr> <tr> <td>(2) Postage and other Stamped Stock</td> <td><u>0.00</u></td> </tr> <tr> <td>(3) Official Receipt</td> <td><u>5,000.00</u></td> </tr> <tr> <td>(4) Others Forms and valuables</td> <td><u>0.00</u></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>TOTAL AMOUNT</td> <td>P <u>2,255,000.00</u></td> </tr> </table>		AMOUNT OF ACCOUNTABILITY	<hr/>		(a) Public Funds		(1) As Collecting Officer	P <u>250,000.00</u>	(2) As Disbursing Officer	<u>1,000,000.00</u>	(3) As Signing Officer	<u>1,000,000.00</u>	(4) Investment Officer (GS Investments, Time Deposits, etc.)	<u>0.00</u>	<hr/>		(b) Public Property		(1) Inventories (per GAAM)	P <u>0.00</u>	(2) Property, Plant & Equipment (Net Book Value)	<u>0.00</u>	<hr/>		(c) Forms and other valuables		(1) Internal Revenue Stamps	P <u>0.00</u>	(2) Postage and other Stamped Stock	<u>0.00</u>	(3) Official Receipt	<u>5,000.00</u>	(4) Others Forms and valuables	<u>0.00</u>	<hr/>		TOTAL AMOUNT	P <u>2,255,000.00</u>	18. NAME OF OFFICE OR AGENCY OTHEREO, KIDAPAWAN EXTENSION OFFICE
	AMOUNT OF ACCOUNTABILITY																																						
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25. NAME OF OFFICERS TO BE RELIEVED	26. PRESENT POSITION OR DESIGNATION																																						
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<hr/> Year Month Day																																							
31. THIS IS TO CERTIFY THAT, as Head of Agency of <u>OTHEREO, KIDAPAWAN EXTENSION OFFICE</u> , I verified the truthfulness of the answers to the questions contained on the face of this form and found them correct insofar as can be ascertained and that the applicant is a safe and conservative risk. Hence, the undersigned is recommending approval and authorizing the request for																																							
<input checked="" type="checkbox"/> Application for Bonding <input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Cancellation of Bond																																							
of the above accountable public officer.																																							
 JURISKI B. MANGELEN, 08/29/2023 <hr/> AGENCY APPROVER Signature over Printed Name of Head of the Agency/Date Accomplished																																							
THIS BLOCK TO BE FILLED BY BTr ONLY																																							
32. AMOUNT OF BOND RECOMMENDED	33. AMOUNT OF BOND PREMIUM PAYABLE																																						
750,500.00	11,257.50																																						
This is to certify that I have carefully evaluated the request for <input type="checkbox"/> APPLICATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELLATION of Fidelity Bond of the above-mentioned accountable public officer.																																							
<hr/> Name & Signature of BTr Officer	<hr/> DATE																																						


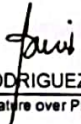




REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG PANANALAPI
KAWANIHAN NG INGATANG-YAMAN
(BUREAU OF THE TREASURY)

Attachment 1
Fidelity Bond Application Form
(Revision No. 02 Date: May 30, 2022)

RISK NUMBER
(to be accomplished by BTr Officer)

REQUEST FOR APPLICATION FOR BONDING AND/OR CANCELLATION OF
FIDELITY BOND OF ACCOUNTABLE PUBLIC OFFICER

INSTRUCTIONS:		1. ACCOMPLISH THIS FORM CORRECTLY	3. MARK APPROPRIATE BOXES <input type="checkbox"/> WITH CHECK "✓"
2. PRINT ENTRIES LEGIBLY IN CAPITAL LETTERS			
TYPE OF APPLICATION:	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELLATION, please proceed to Item Nos. 24-32	OLD RISK NUMBER:	For Renewal
1. NAME			
JUSI _____ MARILOU _____ RODRIGUEZ _____ Surname Given Name Name Ext. (e.g., Jr.) Middle Name			
2. ADDRESS			
LAMBAN SUBD., POBLACION, CITY OF KIDAPAWAN NORTH COTABATO, NORTH COTABATO			
3. DATE OF BIRTH (mm/dd/yyyy)	4. PLACE OF BIRTH		
08/20/1967	MIDSAYAP, COTABATO		
5. SEX	7. CIVIL STATUS	8. CONTACT NUMBER	
<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> WIDOWED	9495644389	
6. TIN	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	9. EMAIL ADDRESS	
188010852		M_JUSI@CDA.GOV.PH	
10. MONTHLY INCOME (Salaries, allowances, business income and the like)		11. ESTIMATED MONTHLY EXPENSES	
46,725.00		28,000.00	
12. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, give details: _____			
13. a. Have you ever been charged of any administrative and/or criminal offense?		b. Have you ever been found guilty of any administrative and/or criminal case before any administrative body, tribunal or court?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, give details: _____		If yes, give details: _____	
Case No/s. _____		Case No/s. _____	
Date Filed: _____		Date Filed: _____	
Status of Case/s: _____		Status of Case/s: _____	
14. CHARACTER REFERENCE (Individual must not be related up to the fourth degree by consanguinity or affinity to applicant)			
NAME	ADDRESS	CONTACT NUMBER	
ATTY. GREGORIO A. ANDOLANA	KIDAPAWAN CITY	9988597176	
AMINODEN A. ELIAS	MARAWI CITY	9478713521	
ELMA R. OGUIB	DAVAO CITY	9088505113	
15. I declare that the answer to the foregoing questions are true to the best of my knowledge and belief. I fully understand that any misrepresentation made in this application and supporting documents shall cause the filing of administrative/criminal case(s) against me.			
Government Issued ID	: GSIS ID	 MARILOU RODRIGUEZ JUSI / 08/02/2023 Signature over Printed Name / Date Accomplished	
ID/License/Passport Number	: 006-0113-5659-8		
Date/Place of Issue	: KIDAPAWAN CITY		
16. SUBSCRIBED AND SWORN to before me this <u>30 AUG 2023</u> , affiant exhibiting his/her validly issued Government ID as indicated above.			
Doc. No.	<u>402</u>	ATTY. GIL RAY V. ONTAL Notary Public for Province of Cotabato Until December 31, 2023 BAR NO. 255795-12/29/22 Pasig City PTR NO. 2097399 01/13/23 Kidapawan City Notarial Commission: No. 139-2020 Roll No. 75853	
Page No.	<u>08</u>		
Book No.	<u>8</u>		
Series of	<u>2023</u>		
			

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	AMOUNT OF ACCOUNTABILITY																														
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24. OFFICE OR AGENCY AND STATION																															
25. NAME OF OFFICERS TO BE RELIEVED _____ Surname Given Name Middle Name	26. PRESENT POSITION OR DESIGNATION 																														
27. AMOUNT OF BOND	28. RISK NUMBER AND EFFECTIVITY DATE																														
29. DATE OF RELIEF _____ Year Month Day	30. CAUSE OF RELIEF 																														
31. THIS IS TO CERTIFY THAT, as Head of Agency of <u>OTHEREO, KIDAPAWAN EXTENSION OFFICE</u> , I verified the truthfulness of the answers to the questions contained on the face of this form and found them correct insofar as can be ascertained and that the applicant is a safe and conservative risk. Hence, the undersigned is recommending approval and authorizing the request for																															
<input checked="" type="checkbox"/> Application for Bonding <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Cancellation of Bond																															
of the above accountable public officer.																															
 JURIS B. MANGELEN, 08/02/2023 _____ AGENCY APPROVER Signature over Printed Name of Head of the Agency/Date Accomplished																															
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32. AMOUNT OF BOND RECOMMENDED 750,000.00	33. AMOUNT OF BOND PREMIUM PAYABLE 11,250.00																														
This is to certify that I have carefully evaluated the request for <input type="checkbox"/> APPLICATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELLATION of Fidelity Bond of the above-mentioned accountable public officer.																															
_____ Name & Signature of BTr Officer	_____ DATE																														



REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG PANANALAPI
KAWANIHAN NG INGATANG-YAMAN
(BUREAU OF THE TREASURY)


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(Revision No. 02 Date: May 30, 2022)

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(to be accomplished by BTR Officer)

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INSTRUCTIONS: 1. ACCOMPLISH THIS FORM CORRECTLY 3. MARK APPROPRIATE BOXES WITH CHECK "✓"
2. PRINT ENTRIES LEGIBLY IN CAPITAL LETTERS

TYPE OF APPLICATION:	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELLATION, please proceed to Item Nos. 24-32	OLD RISK NUMBER: For Renewal	 NORHANNAH B. PANDAPATAN
1. NAME	PANDAPATAN NORHANNAH BARA Surname Given Name Name Ext. (e.g., Jr.) Middle Name		
2. ADDRESS	BLK 11 LOT 14 APO SANDAWA HOMES PHASE I, POBLACION, CITY OF KIDAPAWAN NORTH COTABATO, NORTH COTABATO		
3. DATE OF BIRTH (mm/dd/yyyy)	4. PLACE OF BIRTH		
02/18/1989	MARAWI CITY	8. CONTACT NUMBER	
5. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	7. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	9204686850	
6. TIN 435248842	<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	9. EMAIL ADDRESS	
		N_PANDAPATAN@CDA.GOV.PH	
10. MONTHLY INCOME (Salaries, allowances, business income and the like) 38,150.00	11. ESTIMATED MONTHLY EXPENSES 10,000.00		
12. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details: _____			
13. a. Have you ever been charged of any administrative and/or criminal offense? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details: Case No/s. _____ Date Filed: _____ Status of Case/s: _____		b. Have you ever been found guilty of any administrative and/or criminal case before any administrative body, tribunal or court? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details: Case No/s. _____ Date Filed: _____ Status of Case/s: _____	
14. CHARACTER REFERENCE (Individual must not be related up to the fourth degree by consanguinity or affinity to applicant)			
NAME		ADDRESS	CONTACT NUMBER
MIRIAM CAOILE		KIDAPAWAN CITY	9157531800
JANICE BARANGGAN		KIDAPAWAN CITY	9516577542
AISHA YUSOPH		COTABATO CITY	9052678008
15. I declare that the answer to the foregoing questions are true to the best of my knowledge and belief. I fully understand that any misrepresentation made in this application and supporting documents shall cause the filing of administrative/criminal case(s) against me.			
Government Issued ID	: PRC CARD	NORHANNAH BARA PANDAPATAN / 08/02/2023	
ID/License/Passport Number	: 144722	Signature over Printed Name /Date Accomplished	
Date/Place of Issue	: 06/15/2012 DAVAO CITY		
16. SUBSCRIBED AND SWORN to before me this <u>30 AUG 2023</u> , affiant exhibiting his/her validly issued Government ID as indicated above.			
Doc. No.	<u>420</u>	 ATTY. GILRAY V. ONTAL Notary Public for Province of Cotabato Until December 31, 2023 Signature of Public Person administering Oath IBP OR NO. 255705 12/29/22 Pasig City PTR NO. 2097399 01/03/23 Kidapawan City Notarial Commission No. 139-2020 Roll No. 75033	
Page No.	<u>41</u>		
Book No.	<u>42</u>		
Series of	<u>2023</u>		

17. AMOUNT OF ACCOUNTABILITY <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">AMOUNT OF ACCOUNTABILITY</th> </tr> </thead> <tbody> <tr> <td colspan="2">(a) Public Funds</td> </tr> <tr> <td>(1) As Collecting Officer</td> <td style="text-align: right;">P <u>0.00</u></td> </tr> <tr> <td>(2) As Disbursing Officer</td> <td style="text-align: right;"><u>1,000,000.00</u></td> </tr> <tr> <td>(3) As Signing Officer</td> <td style="text-align: right;"><u>1,000,000.00</u></td> </tr> <tr> <td>(4) Investment Officer (GS Investments, Time Deposits, etc.)</td> <td style="text-align: right;"><u>0.00</u></td> </tr> <tr> <td colspan="2">(b) Public Property</td> </tr> <tr> <td>(1) Inventories (per GAAM)</td> <td style="text-align: right;">P <u>0.00</u></td> </tr> <tr> <td>(2) Property, Plant & Equipment (Net Book Value)</td> <td style="text-align: right;"><u>0.00</u></td> </tr> <tr> <td colspan="2">(c) Forms and other valuables</td> </tr> <tr> <td>(1) Internal Revenue Stamps</td> <td style="text-align: right;">P <u>0.00</u></td> </tr> <tr> <td>(2) Postage and other Stamped Stock</td> <td style="text-align: right;"><u>0.00</u></td> </tr> <tr> <td>(3) Official Receipt</td> <td style="text-align: right;"><u>0.00</u></td> </tr> <tr> <td>(4) Others Forms and valuables</td> <td style="text-align: right;"><u>0.00</u></td> </tr> <tr> <td>TOTAL AMOUNT</td> <td style="text-align: right;">P <u><u>2,000,000.00</u></u></td> </tr> </tbody> </table>		AMOUNT OF ACCOUNTABILITY	(a) Public Funds		(1) As Collecting Officer	P <u>0.00</u>	(2) As Disbursing Officer	<u>1,000,000.00</u>	(3) As Signing Officer	<u>1,000,000.00</u>	(4) Investment Officer (GS Investments, Time Deposits, etc.)	<u>0.00</u>	(b) Public Property		(1) Inventories (per GAAM)	P <u>0.00</u>	(2) Property, Plant & Equipment (Net Book Value)	<u>0.00</u>	(c) Forms and other valuables		(1) Internal Revenue Stamps	P <u>0.00</u>	(2) Postage and other Stamped Stock	<u>0.00</u>	(3) Official Receipt	<u>0.00</u>	(4) Others Forms and valuables	<u>0.00</u>	TOTAL AMOUNT	P <u><u>2,000,000.00</u></u>	18. NAME OF OFFICE OR AGENCY OTHEREO, KIDAPAWAN EXTENSION OFFICE 19. ADDRESS OF OFFICE OR AGENCY CITY OF KIDAPAWAN NORTH COTABATO, NORTH COTABATO Municipality/City Province 20. STATION/DIVISION (Place of assignment) CDA - KIDAPAWAN EO 21. TITLE OF POSITION OR DESIGNATION FINANCE OFFICER, CHECK/DISBURSEMENT VOUCHER SIGNATORY, ACCOUNTANT II 22. DATE OF DESIGNATION OR ASSUMPTION OF ACCOUNTABILITY <u>2023</u> <u>08</u> <u>17</u> Year Month Day 23. BOND PERIOD COVERAGE <input checked="" type="checkbox"/> One (1) year <input type="checkbox"/> Two (2) years <input type="checkbox"/> Three (3) years
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THIS BLOCK TO BE FILLED ONLY IN CASE OF BOND CANCELLATION																															
24. OFFICE OR AGENCY AND STATION																															
25. NAME OF OFFICERS TO BE RELIEVED	26. PRESENT POSITION OR DESIGNATION																														
Surname Given Name Middle Name																															
27. AMOUNT OF BOND	28. RISK NUMBER AND EFFECTIVITY DATE																														
29. DATE OF RELIEF	30. CAUSE OF RELIEF																														
Year Month Day																															
31. THIS IS TO CERTIFY THAT, as Head of Agency of <u>OTHEREO, KIDAPAWAN EXTENSION OFFICE</u> , I verified the truthfulness of the answers to the questions contained on the face of this form and found them correct insofar as can be ascertained and that the applicant is a safe and conservative risk. Hence, the undersigned is recommending approval and authorizing the request for <input checked="" type="checkbox"/> Application for Bonding <input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Cancellation of Bond of the above accountable public officer.																															
 JURISKI B. MANGELEN, 08/02/2023 AGENCY APPROVER Signature over Printed Name of Head of the Agency/Date Accomplished																															
THIS BLOCK TO BE FILLED BY BTr ONLY																															
32. AMOUNT OF BOND RECOMMENDED	33. AMOUNT OF BOND PREMIUM PAYABLE																														
750,000.00	11,250.00																														
This is to certify that I have carefully evaluated the request for <input type="checkbox"/> APPLICATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELLATION of Fidelity Bond of the above-mentioned accountable public officer.																															
Name & Signature of BTr Officer	DATE																														

Name of Office: Other Executive Offices, Cooperative Development Authority, Kidapawan Extension Office

LIST OF BONDED ACCOUNTABLE PUBLIC OFFICERS

NAME OF PUBLIC OFFICER	TYPE OF APPLICATION	DESIGNATION (e.g. Disbursing/Collecting/ Signing Officer)	PREVIOUS YEAR'S DATA			AMOUNT			BOND COVERAGE	REMARKS	
			EFFECTIVE DATE		RISK NO.	ACCOUNTABILITY	BOND	PREMIUM		WITH PENDING ADMINISTRATIVE AND/OR CRIMINAL CASE (Yes or No)	IF FOUND GUILTY, WHAT IS THE STATUS OF THE IMPLEMENTATION OF PENALTY?
			From	To							
			For renewal								
MANGELEN, JURISKI BARILLO	RENEWAL	(1) Officer-In-Charge (2) Supervising CDS (3) Check/Disbursement Voucher Signatory	2022-08-25	2023-08-25		2,000,000.00	750,000.00	11,250.00	1 yr(s)	NO	Not Applicable
PANDAPATAN, NORHANNAH BARA	RENEWAL	(1) Finance Officer (2) Check/Disbursement Voucher Signatory (3) Accountant II	2022-08-24	2023-08-24		2,000,000.00	750,000.00	11,250.00	1 yr(s)	NO	Not Applicable
JULIAN, MAE LEENE ATON	RENEWAL	(1) Cashier (2) Check/Disbursement Voucher Signatory	2022-08-24	2023-08-24		2,255,000.00	750,500.00	11,257.50	1 yr(s)	NO	Not Applicable
JUSI, MARILOU RODRIGUEZ	NEW	(1) Acting Supervising CDS (2) Alternate Check/Disbursement Voucher Signatory (3) Senior Cooperative Development Specialist				2,000,000.00	750,000.00	11,250.00	1 yr(s)	NO	Not Applicable
Totals						8,255,000.00	3,000,500.00	45,007.50			

Prepared By:

RICEL MAE R. MARTE
Admin Aide IV

Signature over printed name
Position

Reviewed By:

MARILOU R. JUSI

Senior CDS/Acting Supervising CDS
Signature over printed name
Position

Certified and Approved By:

JURISKI B. MANGELEN
Officer-in-Charge

Signature over printed name
Designation of Authorized Official

Date: 08/29/2023