



Republic of the Philippines
Department of Education

REGION IV- A CALABARZON
CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

Supplies/Materials/Equipment/Foods Checklist (Less than 200K)

Payee: _____
Amount: _____

- | | | | |
|--------------------------|--|--------------------------|------|
| ☐ | Disbursement Voucher (4 copies) | | |
| ☐ | Obligation Request | | |
| ☐ | BIR Form 2307 | | |
| ☐ | Copy of Sub-ARO | | |
| ☐ | Original copy of Invoice | | |
| ☐ | Billing Statement/Statement of Account | | |
| ☐ | Copy of Sub-ARO, if applicable | | |
| ☐ | Project Design/Training Design | | |
| ☐ | Memorandum | | |
| ☐ | Certified copy of the page of the approved Annual Procurement Plan (APP) or Supplemental APP where the particular Goods, Consulting Services and/or Infrastructure Projects subject of payment is indicated. | | |
| ☐ | Purchase Request (2 copies) | | |
| ☐ | Requisition and Issue Slip (2 copies) | | |
| ☐ | ABC | ☐ | PPMP |
| ☐ | Market Scoping Checklist and attachments | | |
| ☐ | BAC Endorsement | | |
| ☐ | Request for Quotations (at least 3 suppliers) | | |
| ☐ | Abstract of Price Quotation | | |
| ☐ | Purchase Order stamped "Received" by COA (2 copies) | | |
| ☐ | Inspection and Acceptance Report (2 copies) | | |
| ☐ | Pictures | | |

Additional Requirements

for supplies/materials/equipment

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|--------------------------|---|
| ☐ | 2 copies of Inventory Custodian Slip (for non-consumable items less than 50k) |
| ☐ | Delivery Receipt |
| ☐ | Warranty Security (2 copies) |
| ☐ | List of Recipients with signature (2 copies) |

for foods & venue (seminar/training/meeting)

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|--------------------------|---|
| ☐ | Attendance Sheet (2 copies) |
| ☐ | Registration Form (2 copies, if with registration fee only) |
| ☐ | Meal Attendance (2 copies) |
| ☐ | Narrative/Accomplishment Report |
| ☐ | Contract (2 copies) |

for drugs and medicines

- | | |
|--------------------------|---|
| ☐ | Certification by the Medical Officer that medicines and drugs requisitioned is included in the PNDF Current Edition |
| ☐ | Delivery Receipt |

I hereby certify that the above documents are complete and arranged in order as per checklist.

Signature Over Printed Name/ Date

* Put N/A if not applicable

REMARKS: _____