



Date: \_\_\_\_\_\_\_\_\_\_\_

**REQUEST FORM FOR CERTIFICATE OF DEPOSIT**

**DIRECTIONS**— To ensure prompt processing, please provide ALL information requested below. A Certification will be issued upon compliance with all the requirements *( Summary of detailed deposited collections, bank validated LDDAP-ADA, Journal Entry Voucher in case of reclassification, and copies of bank validated Deposit Slips and List of Deposited Collections for the current month transactions*) based on TOO 15-2017. Request for Certification can NOT be processed if there is/are pending supporting documents/reports necessary in the validation of deposits.

*You may send your accomplished request form and supporting documents via email to* [*vcas.c@treasury.gov.ph*](mailto:vcas.c@treasury.gov.ph)

|  |  |  |
| --- | --- | --- |
| **National Government Agency Information** | | |
|  |  |  |
| **Agency Name:** |  | |
| **Agency/Organization Code (UACS) :** |  | |
| **Office Address:** |  | |
| **Email Address:** |  | |
| **Contact Number:** |  | |
|  |  |  |
| **Deposited Collections Information** | | |
|  |  | |
| **Date/Period Covered:** |  | |
| **Bank Branch:** |  | |
| **Bank Branch Code:** |  | |
|  |  |  |
| **UACS Funding Source:** |  | General Fund \_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  |  | Special Accounts in the General Fund \_\_\_\_\_\_ |
|  |  |  |
|  |  | Trust Fund \_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **Amount in Figures:** |  | |
| **Amount in Words:** |  | |
|  |  | |
|  |  |  |
| **Nature of Transaction/s:** |  | |
| **Purpose:** |  | |
|  |  | |

**Approved by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of Head of Agency

(**Note**: This form requires the signature of the Head of Agency.)