QUARTERLY REPORT OF REVENUE AND OTHER RECEIPTS
As of the Quarter Ending SEPTEMBER 30, 2020
(In Pesos)

Department: <u>DEPARTMENT OF FINANCE</u> Entity Name: BUREAU OF THE TREASURY Operating Unit: REGIONAL OFFICE NO. 10 Organization Code (UACS): 110050300010 Fund Cluster: 01 - REGULAR AGENCY FUND

CLASSIFICATION / SOURCES OF REVENUE AND OTHER RECEIPTS	UACS Code	REVENUE TARGET (Annual)	ACTU	JAL REVENUE A	ND OTHER RECI	EIPTS/COLLECT	IONS	CUMULATIVE REMITTANCE /DEPOSITS TO DATE			VARIANCE		Bancanto.
			1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL	Remittance to BTr	Deposited with AGDB	Total	Amount	%	Remarks
1	2	3	4	5	6	7	8=(4+5+6+7)	9	10	11=(9+10)	12=(8-3)	13 = (12 / 3)	14
A. Regular Agency Fund (Fund Cluster Code 01) A.1 Revenue Collections A.1.1 Cash Revenue Tax Income Tax-Individual Value Added Tax	40101010 01 40103030 01												
Non-Tax  Permit Fees  Fidelity Insurance Income  Miscellaneous Income (Sale of Unserv	40202190 00 viceable PPE)		12,708,501.77	9,977,642.20	16,671,099.68		39,357,243.65	39,357,243.65		39,357,243.65			
A.1.2 Non-Cash Revenue  Tax  Income Tax-Individual  Value Added Tax	40101010 01 40103030 01												
Non-Tax Miscellaneous Income													
A.2 Non-Revenue Collections/Other Receipts A.2.1 Cash Receipts Others													
Refund of Cash Advances Refund of overpayment Disallowances	19901040 00		7,672.47				7,672.47	7,672.47		7,672.47			
A.2.2 Cash Receipts													
Collections effected through outright dec Overpayment of expenses Disallowances	ductions from c	laims											
TOTAL	1		12,716,174.24	9,977,642.20	16,671,099.68		39,364,916.12	39,364,916.12	-	39,364,916.12	-	-	

Collections effected through outright ded											1		
Overpayment of expenses													1
Disallowances													1
TOTAL			12,716,174,24	9,977,642.20	16,671,099.68		39,364,916.12	39,364,916.12		39,364,916.12			├-
TOTAL			12,/10,1/4.24	9,977,042.20	10,071,099.08	•	39,304,910.12	39,304,910.12	•	39,304,910.12	•	•	<u> </u>
Certi	Approved By:												
	BIENVENIDO V. ESMERALDA, JR.												
	Agency Head/Department Secretary/												
		Authorized Representative											
	Date:							Date:					
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