

REPUBLIKA NG PILIPINAS

KAGAWARAN NG PANANALAPI

**KAWANIHAN NG INGATANG - YAMAN**

BUREAU OF THE TREASURY (BTr)

Intramuros, Manila

*Funding the Republic*

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

**REQUEST FORM FOR CERTIFICATE OF DEPOSIT**

**DIRECTIONS:**

* To ensure prompt processing, please provide ALL information requested below.
* Certification will be issued upon compliance with all the requirements:

i. Accomplished Request Form for Certification

ii. Detailed schedule of deposited collections (in case of two /more transactions)

iii. Copy of validated OnColl Payment/Deposit slip or its equivalent

* Request for Certification CANNOT be processed if there is/are pending supporting documents/reports necessary in the validation of deposits.

Pursuant to Items Number 2 and 3 of section IV. Issuance of Certification of the Treasury Circular No. 2-2022 dated 31 May 2022:

*“ IV. 2.* The **BTr- Central Office (National Cash Accounting Division)** shall issue Confirmation/Certification of Deposited National Collections regardless of type of Funds requested by NGAs for remittances from **prior years up to July 31, 2022**.

*“IV.3.* The BTr **Regional/District/Provincial Office** shall issue Confirmation/Certification of Deposited National Collections requested by NGAs for remittances for the current year starting **August 1, 2022.**

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| **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/ Designation and Signature of Authorized Signatory]