

Agency Letterhead

Date : _____

The Regional Director/Provincial/District Head
Bureau of the Treasury

(Address)

Sir/Madam:

In compliance with Treasury Circular No. 01-2014 dated 20 May 2014, we would like to place a re-order of _____ booklet(s) of MDS check for payment of accounts payable that cannot be paid through ADA for the following account:

Account Name: _____

Account Number: _____

Bank and Branch: _____

Attached are the following reports for your reference:

1. Report of Accountability for Accountable Forms (RAAFs) for MDS Checks
2. Monthly Estimate of number of transaction/Accounts Payable that cannot be paid through ADA (Form 2)

Truly yours,

Name/Signature of NGA Official
Position Title