



Republic of the Philippines
Department of Education
Region IX, Zamboanga Peninsula
SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE
Dipolog City 7100



30 OCT 2018

Division Memorandum No. 043 s. 2018

**TO: Public Schools District Supervisors
School Heads (Both Elementary and Secondary)
Teachers-In-Charge
All Personnel Concerned**

FROM: The Office of the Schools Division Superintendent

SUBJECT: POLICY FOR THE REPLACEMENT OF LOSS ATM CARDS OF DEPED PERSONNEL

DATE: October 30, 2018

In order to establish a systematic and unified process of ATM cards replacement, this office has come up with the following procedure.

The teacher or employee concerned shall submit personally to the Central Disbursing Officer or to the Cashier with respect to division personnel, a letter request and an affidavit stating the circumstances surrounding the loss/ground for replacement of ATM cards. ATM cards shall only be replaced on the following grounds:

1. LOSS
2. Deterioration

The disbursing officer/cashier shall conduct an investigation through a verification form as to the truthfulness of the request and the existence of the reasons provided. The verification form shall be formulated and provided by the Accounting Section with the following signatories.


- *Helen E. Tangon- Administrative Officer V
- *Elena E. Nieves - Cashier II
- *Arvie M. Ompoy- Accountant III
- *Disbursing Officer/ADAS-II (Central or School)

The request for replacement together with the affidavit, and endorsement by the SDO-Accounting Office shall then be submitted to the Land Bank of the Philippines for processing.

False and malicious replacements requests shall not be granted and further action shall be taken against the employee.

Attached is the template of the verification form to be accomplished by the Disbursing Officers.

Widest dissemination of this memorandum is mandated.


PEDRO MELCHOR M. NATIVIDAD, CSEE
Schools Division Superintendent

10/30/18

VERIFICATION FORM FOR REPLACEMENT OF ATM CARDS

Name of the Teacher: _____ Position: _____

School: _____ District: _____

Account No. _____ Card No. _____

Branch (where the Account was opened): _____

Reasons/Justification for the request of replacement:

Documents Submitted:

- Letter Request
- Affidavit (Loss, Deterioration, etc)
- Others Please specify _____

FINDINGS & RECOMMENDATION:

As per result of the verification/investigation made, the justification/reason given by the above teacher is found to be true and justified for replacement (if false or malicious, kindly state the basis for reaching such conclusion). Hence, the request of the above mentioned teacher is recommended for _____ (state the recommendation) _____.

Prepared by:

Name of the ADAS-II/Disbursing Officer

Reviewed:

Verified:

ELENA A. NIEVES
Cashier-II

ARVIE M. OMPOY, CPA
Accountant-III

Approved:

HELEN E. TANGON
Administrative Officer-V