



**DILG REGION IV-A (CALABARZON)
OFFICE OF THE CITY/MUNICIPAL
LOCAL GOVERNMENT OPERATIONS OFFICER
DILG-_____**

Document Code		
FM-QP-R4A-LGMED-_____		
Rev. No.	Eff. Date	Page
00	10.01.17	1 of 1

LGMED REQUEST FORM (LRF)

Reference No.			
1st Letter of Prov.-1st 3 Letters of C/M (Example: B-AGO)	Year (YY)	Start with 001	

Request Date:		Request Time:	
INFORMATION		ADDITIONAL INFORMATION FOR REQUEST OF CSC-SM ELIGIBILITY OR DEATH BENEFIT CLAIM	
Requested By:		Relationship to Elective/ Appointive Official:	
City/Municipality:		Name of Elective/Appointive Official:	
Province:		Date of Birth of Elective/ Appointive Official:	
Contact Number:		Barangay:	
Email Address:		Position:	

TYPE OF REQUEST:

- | | | |
|--|---|---|
| <input type="checkbox"/> REQUEST FOR THE ISSUANCE OF AUTHORITY TO UTILIZE ADDITIONAL CONFIDENTIAL FUNDS
<input type="checkbox"/> Duly Approved 3-Year POPS Plan
<input type="checkbox"/> Annual Appropriations Ordinance indicating the Appropriations for CF
<input type="checkbox"/> Supplemental Appropriations Ordinance indicating the Appropriations for CF
<input type="checkbox"/> Certificate of Availability of Funds
<input type="checkbox"/> Certification from PNP Chief
<input type="checkbox"/> Physical and Financial Plan for both the original allocation and subject request
<input type="checkbox"/> Certification of Full Disclosure Policy/Portal (FDP/P) Compliance | <input type="checkbox"/> REQUEST FOR THE ISSUANCE OF CERTIFICATE OF GOOD FINANCIAL HOUSEKEEPING (GFH)
<input type="checkbox"/> Letter Request of LCE
<input type="checkbox"/> Most recent COA Audit Certificate, as posted in the COA website, stating Unqualified or Qualified Opinion
<input type="checkbox"/> Photo Documentation (FDP Posting in 3 conspicuous places)
<div style="background-color: #cccccc; padding: 2px; text-align: center;"><i>To be prepared by the C/MLGOO</i></div> <input type="checkbox"/> Certificate of Compliance signed by the C/MLGOO
<input type="checkbox"/> Certificate of Compliance with the FDP posting in 3 conspicuous places for the last 2 preceding quarters attested and signed by the City/Municipal CSO Representative, also to be signed by the DILG Provincial and Regional Director | <input type="checkbox"/> REQUEST FOR THE ISSUANCE OF CERTIFICATE OF COMPLIANCE TO FULL DISCLOSURE POLICY (FDP)
<input type="checkbox"/> Letter Request of LCE
<input type="checkbox"/> Photo Documentation (FDP Posting in 3 conspicuous places)
<div style="background-color: #cccccc; padding: 2px; text-align: center;"><i>To be prepared by the C/MLGOO</i></div> <input type="checkbox"/> Compliance Certification signed by the C/MLGOO
<input type="checkbox"/> Certificate of Compliance with the FDP posting in 3 conspicuous places for the last 2 preceding quarters attested and signed by the City/Municipal CSO Representative, also to be signed by the DILG Provincial and Regional Director |
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| <input type="checkbox"/> REQUEST FOR THE ISSUANCE OF AUTHORITY TO PURCHASE MOTOR VEHICLE
<input type="checkbox"/> Original Copy of Letter Request of LCE stating the type of motor vehicle to be purchased and its purpose and deployment
<input type="checkbox"/> Original Copy of Certification of Availability of Funds (<i>include breakdown of funding source/s</i>)
<input type="checkbox"/> Original Copy/Certified True Copy of SP/SB Resolution allowing the LCE to purchase motor vehicle and/ or the use of budget
<input type="checkbox"/> Original Copy/Certified True Copy of Appropriation Ordinance approving the purchase
<input type="checkbox"/> Original Copy/Certified True Copy of Updated Inventory of All Existing Motor Vehicles | <input type="checkbox"/> REQUEST FOR THE ISSUANCE OF CERTIFICATION OF SERVICES RENDERED & MASTER LIST FOR CSC-SME
<input type="checkbox"/> Valid ID of Barangay Official
<input type="checkbox"/> Authorization Letter (if not the Barangay Official)
<input type="checkbox"/> Valid ID of Authorized Representative
<div style="background-color: #cccccc; padding: 2px; text-align: center;"><i>To be prepared by the C/MLGOO</i></div> <input type="checkbox"/> Master List of Elected Local Officials | <input type="checkbox"/> REQUEST FOR BARANGAY OFFICIALS DEATH BENEFIT CLAIMS (BODBC)
<input type="checkbox"/> Application for BODBC Form (DBC Form 001)
<input type="checkbox"/> Certified True Copy of Death Certificate
<input type="checkbox"/> Birth Certificate/Marriage Contract
Waiver of Right
<input type="checkbox"/> Valid ID of Claimant
<div style="background-color: #cccccc; padding: 2px; text-align: center;"><i>To be prepared by the C/MLGOO</i></div> <input type="checkbox"/> Transmittal Letter (DBC Form 002) |
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_____ Signature over Printed Name of Requester _____ Request Received by: _____ Date