



Memorandum Circular No. 03  
Series of 2021

**SUBJECT: OMNIBUS GUIDELINES ON THE RECOVERY OF OVERPAYMENTS  
FROM PANTAWID PAMILYA BENEFICIARIES**

**I. RATIONALE**

Accurate and timely release of grants to beneficiaries is mandated by **Republic Act No. 11310** or the **Pantawid Pamilyang Pilipino Program (4Ps) Act**. Hence, the Program endeavours to provide mechanisms and capacity building to its human resource compliment for the enhancement of its information systems and operational processes.

In instances when the household (HH) beneficiaries received overpayments of cash grants, it is imperative that such excess be recovered from them and returned to the government. Since entitlement to the Pantawid cash grants is conditional, overpayments resulting from non-compliance and/or data inaccuracy should be retrieved from the HH. This will prevent unfavourable findings from different regulatory offices and other negative feedback from the public in general. The beneficiaries will also be encouraged to faithfully comply with the Program conditions because their non-compliance will result to reduced grants.

Given that the existing guidelines in recovery of overpayment in Pantawid do not cover those provided to households apart from their usual cash grants, a unified mechanism and policy to cater to these subsidies and assistance is called for. In the previous years, overpayments were released to households due to inconsistent computation of grants versus their compliance data. However, the Program realized that it may also happen because of other reasons such as duplication of households in the database. In both cases, excess grants should be recovered for sound fiscal administration and program implementation.

To these ends, an exhaustive and inclusive policy for recovery of overpayments received by households is necessary.

**II. BASIS OF THE GUIDELINES**

1. **Section 29, Article VI** of the **1987 Philippine Constitution** which provides that *"No money shall be paid out of the Treasury except in pursuance of an appropriation made by law"*;
2. **Republic Act No. 11310** or the **4Ps Act** and its **Implementing Rules and Regulations**;

3. **Guidelines on Recovery of Overpayments from Active Household Beneficiaries** dated February 5, 2015;
4. **Pantawid Pamilyang Pilipino Program Operations Manual**;
5. **The General Appropriations Act**; and,
6. **Applicable Rules and Regulations issued by the Commission on Audit (COA) and Department of Budget and Management.**

### III. OBJECTIVES

These Omnibus Guidelines aim to consolidate all previous issuances that seek to recover excess grants released to Pantawid Pamilya households regardless of time of occurrence and those subsidies mandated by special issuances of the Government as assistance in responding to a contingency. The latter may or may not be compliance-based but household's eligibility is provided by issuances providing for the said assistance or subsidy.

Specifically, these Guidelines aim to:

1. Provide mechanisms on how to recover the excess grants released to and received by the beneficiaries;
2. Provide mechanisms on how to recover excess subsidies/assistance given to households on account of unusual economic shock which disrupts their usual livelihood;
3. Specify and provide the roles of the Provincial Links, City/Municipal Links (C/MLs), Municipal Roving Bookkeeper (MRB), DSWD Field Office (FO) Cashier, Financial Analyst (FA) III for Cash Grants, Regional System Focal, and other Program staff that may be involved in recovering overpayments and/or subsidies given to the beneficiaries; and,
4. Protect the cash that will be recovered from the beneficiaries by providing accountability of each staff involved in the process of recovering overpayments.

### IV. DEFINITION OF TERMS

- a. **Overpayment** - refers to cash grants computed for a Pantawid Pamilya beneficiary and actually received by them on a particular Pay Period which are in excess of what they rightfully earned based on their compliance data for said period. It also includes excess cash grants given as emergency subsidy which should be recovered based on the parameters.



- b. **Top-up cash grants** – refer to grants given to the beneficiaries during special circumstances such as post-disaster relief, which shall not be considered as overpayment subject to recovery.
- c. **Emergency Subsidy** – refers to other form of cash grants which may be provided to Pantawid households to help them cope with an unexpected contingency.
- d. **Underpayment** - refers to cash grants to which a Pantawid Pamilya beneficiaries are entitled to receive based on their compliance data for a particular Pay Period but for some reason/s were not computed and released to them.
- e. **Payroll Adjustment Module (PAM)** – refers to an information technology module developed by the Information and Communications Technology Management Service (ICTMS) to manage overpayments received by Pantawid Pamilya HHs pursuant to the rules/guidelines provided herein.
- f. **Special Collecting Officer (SCO)/Grants Recovery Personnel (GRP)** - refers to a field personnel, preferably, the Municipal Roving Bookkeeper, who shall be designated through a Special Order (*see attached template 1*) signed by competent official of the Department and will be entrusted with recovering the overpayment of an inactive/delisted HH beneficiary.

Each SCO/GRP shall only be designated as such if the HH from whom an overpayment will be collected is under his/her caseload.

- g. **Active Households** – refer to those which are tagged in the Pantawid Pamilya Information System (PPIS) as eligible for monitoring and receipt of grants.
- h. **Inactive Households** - refer to a household registered but temporarily not monitored and can be reinstated to the program upon validation.

## V. OPERATIONAL POLICY

### A. GENERATION AND VERIFICATION OF AFFECTED HOUSEHOLD

- i. Overpayment to households in the previous years shall be prioritized in payroll adjustment or manual collection for recovery, as applicable.
- ii. The Information and Communications Technology Management Service (ICTMS) shall generate the list of HHs with overpayments from the previous years by comparing the computed payroll of each HH in the Pantawid Pamilya Information System (PPIS) against their compliance data from Pay Period 1 of 2013 to Pay Period 2 2014 and in the previous period/years corresponding to their overpayment.

iii. Upon generation, ICTMS shall forward the list of affected HHs to the National Program Management Office (NPMO) and to the Financial Management Service-Special Projects (FMS-SP) for review and reconciliation of any amount already returned by a household. The NPMO shall communicate to all Field Offices within thirty (30) days from approval of these Guidelines the list of affected HHs and to submit those who already returned their overpayments, and the amount thereof if not yet in full.

iv. Within three (3) days from receipt by NPMO of the updated list of households with overpayments in the previous years, the same shall be sent to FMS-SP for uploading in the PAM for recovery of any balance of the excess grants.

All households verified by the FOs to have fully returned their overpayments shall be excluded from recovery of overpayments.

v. Other cases of overpayment and excess emergency subsidy as reported to or discovered by NPMO shall be verified with the Field Offices and the list of households endorsed to them for verification within three (3) days upon receipt of report/discovery.

If the overpayment or excess emergency subsidy was discovered and verified by the FO, its endorsement to the NPMO shall contain the attestation referred to in the immediately succeeding section.

vi. After verification, the list shall be returned to the NPMO with the compliance data of the households during the period when they received the overpayment. Said compliance data shall be issued by the appropriate system focal and to be used in determining overpayment. For this purpose, both the system focal and FA III in the Field Office shall issue a certificate stating that a particular HH/s received grants in excess of what should be received by them, stating the amount thereof, in said period.

In case of emergency subsidy, the list shall be supported by an attestation of the appropriate personnel/worker that the households received an excess.

vii. The list of HHs with overpayment shall be submitted to the NPMO using **TEMPLATE A**, certified by the Regional Program Coordinator (RPC), approved by the Regional Director (RD), and forwarded to the NPMO within seven (7) days from approval.

viii. If submitted list of HHs with overpayment to be correct, NPMO same shall send it back to FMS-SP, *within three(3) days from the receipt*, for uploading to the PAM. The actions to be taken shall be approved by the FMS-SP Director.

- ix. The FMS-SP shall inform the NPMO *within three(3) days after the uploading of the list to the PAM*, arranged according to the following:
- a. List of Active HHs with overpayment uploaded to PAM (**TEMPLATE B**); and
  - b. List of Inactive HHs with overpayment uploaded to PAM (**TEMPLATE C**);
- x. Active HHs with overpaid grants or emergency subsidy shall be subjected to adjustment of grants pursuant to **Section V.B.** hereof.
- Recovery of excess emergency subsidy shall consider issuances of the appropriate Government Office, Agency, Bureau or Task Force, *if any*.
- xi. Inactive HHs with overpayments shall be subjected to the provisions of **Section V.C.** hereof for recovery of their excess cash grants.

#### **B. RECOVERY OF OVERPAYMENT FROM ACTIVE HOUSEHOLDS**

- i. Active households with outstanding overpayments from the previous period/years and/or due to other reasons such as emergency subsidy shall be subjected to payroll adjustment as provided herein.
- ii. Within five (5) days upon receipt of the certified list of HHs with overpayment uploaded to PAM (**TEMPLATE B**), FMS-SP shall initiate payroll adjustment.
- FO determined overpayments shall be endorsed to NPMO within fifteen (15) days upon validation by submitting the list of HHs prepared by the FA III and appropriate system focal certified by the RPC and approved by the Regional Director.
- Items viii and ix of Section V.A shall then be observed.
- iii. The RPMO through the C/MLs shall inform the HHs about the adjustment in their grants through a "Paunawa ng Pagbabawas ng Sobrang Grants" (**TEMPLATE D**), and shall secure their conformity to the recovery, at least 15 days before the next payout. Said notice shall be signed by the RD.
- iv. Payroll adjustment shall be effected on the Type 1 - CVS Regular Payrolls of Active HHs immediately on the succeeding Pay Period following the approval of the request stated in *item ii* of this section.



- v. **Fifty percent (50%) of the computed cash grants based on the Notice of Approved Payroll Action (NAPA) during the monitoring period shall be deducted. If 50% of the computed cash grants based on NAPA is greater than the overpayment, the deduction is up to the amount of overpayment only.**

Should there be a balance in the overpayment after adjustment, the same rule shall apply in the succeeding monitoring period until the 50% of the computed grants is greater than the remaining overpayment. Thereafter, the remaining overpayment shall be deducted in full as illustrated below:

Particulars	First Deduction	Succeeding Deduction
Regardless of Amount	50% of computed cash grants based on NAPA or the full amount of overpayment if less than 50% of computed grants	50% of computed cash grants based on NAPA or the full amount of overpayment if less than 50% of computed grants

Particulars	Amount of Grants based on NAPA during the Period	Amount of Overpayment from the previous period/year	Amount of Adjustment to Grants	Amount of Net Cash Grants after the adjustment	Outstanding Balance after adjustment to be deducted in the next period
(a)	(b)	©	d=b-c	e=b-d	f=c-d
Overpayment is equal (=) to 50% of the cash grants based on NAPA	4,400	2,200	2,200	2,200	0
Overpayment is less (<) than the 50% of the cash grants based on	4,400	2,000	2,000	2,400	0
Overpayment is greater (>) than the 50% of the cash grants based	4,400	2,400	2,200	2,200	200

- vi. Deduction of the amount of overpayment shall be applied to the education and health grants first and last to the rice subsidy.
- vii. FMS-SP shall prepare an Obligation Request and Status (ObRS) per Region and per mode of payment of the computed Type 1-CVS Regular payrolls based on the NAPA of Active HHs as submitted by NPMO. Each ObRS shall be supported with two (2) Disbursement Vouchers (DVs) and Payroll Summaries.
- a. One (1) DV shall reflect the amount of adjustments done and shall indicate the Bureau of Treasury as the Payee (**TEMPLATE E**); and,
  - b. Another shall reflect the adjusted amounts with payee:

- "Landbank of the Philippines" for HHs under Cash Card (CC) mode of payment (**TEMPLATE F**) or
- "DSWD – Pantawid Pamilyang Pilipino Program (4Ps) through the LBP Conduits" for HHs with mode of payment other than CC (**TEMPLATE G**).

Transactions shall be processed in accordance with the government accounting and auditing rules and regulations.

The Central Office (CO) Accounting Division shall record the gross amount of current Pantawid grants in the books of accounts and adjust the appropriate accounts for the collection of overpayment.

- viii. Payroll files based from the adjustment shall then be generated and sent to Landbank of the Philippines and the Field Offices for payout.
- ix. Monitoring and reporting of cash grants payout and processing of unclaimed cash grants shall be in accordance with the existing procedures and guidelines.
- x. For transparency and auditing purposes, the adjustment made in every pay period shall be reflected in each of the affected HH's CVS and Payroll History in the PPIS.
- xi. Adjustments made due to recovery of overpayments shall not be subject to Retro payment.

### **C. RECOVERY OF OVERPAYMENT FROM INACTIVE HOUSEHOLDS**

- i. Inactive households with overpayments shall be subjected to manual recovery of grants as provided herein.
- ii. The inactive households with overpayment shall be endorsed by NPMO to the RPMO using **TEMPLATE A-1**. Upon receipt, the RPMO shall check any voluntarily returned grants and shall proceed with recovery of any balance following the processes herein provided.
- iii. The FO shall immediately transmit the list of HHs with overpayments to the respective City/Municipal Link (C/ML) through the Provincial Operations Office (POO) together with the "Paunawa Para sa Pagsasauli" (**TEMPLATE H**) signed by RD *at least fifteen (15) days* prior to actual recovery of the overpayment.
- iv. The C/ML shall go to the HH's residence with the "Paunawa Para sa Pagsasauli" to inform the latter of the payment recovery within the same period.

Should the HH be incapable of returning the whole overpayment at one time, they shall be allowed to return the same on instalment basis upon their request. For this purpose, a "Panata ng Pagsasauli" (**TEMPLATE I**) shall be executed by the HH noted by the C/ML and approved by the Regional Director (RD) upon recommendation by the Regional Program Coordinator (RPC).

The HH shall be allowed to determine the frequency and dates of instalment they need to fully return their overpayment cash grants. The "Panata ng Pagsasauli" shall be executed within 15 days from the HH's receipt of "Paunawa Para sa Pagsasauli".

- v. The approved Panata ng Pagsasauli shall be transmitted together with the signed "Paunawa Para sa Pagsasauli", *within five (5) days upon execution*, to the FA III. The same staff shall then request for an AR from the FMS-SP.
- vi. A pre-generated Acknowledgement Receipt (AR) (**TEMPLATE J**) shall be prepared by the FMS-SP thru the PAM reflecting the nature of the overpayment and the same shall be sent to the Field Office through a File Transfer Protocol (FTP). A memorandum shall be sent to the FO Finance Unit as to the file location of the pre-generated AR.

All collections shall be remitted to the Miscellaneous Trust Account of the FO and recorded in the subsidiary ledger of such Miscellaneous Trust Account – Recovery of Pantawid Grants Overpayment.

The AR shall then contain the details of the Miscellaneous Trust account of the FO, its Account Name, Account Number, and the Servicing Branch where the account is maintained.

- vii. Upon receipt of the memorandum, the FA III shall print the AR and the Grants Recovery Monitoring Sheet (GMRS) (**TEMPLATE K**). Necessary documents (i.e., signed "Paunawa Para sa Pagsasauli", "Panata ng Pagsasauli", AR and GMRS) shall then be endorsed to the SCO/GRP for immediate collection of overpaid grants by personally going to the place of residence of the HHs.

For this purpose, the C/ML, SWA, MRB, and other field personnel may be designated as Special Collection Officers/Grants Recovery Personnel to receive from the inactive beneficiaries the overpaid grants. A Special Order designating any of these field personnel shall be issued and shall contain a clear reminder on their accountability, responsibility, and faithful performance of their duties.

- viii. During collection and/or receipt of payment, the SCO/GRP shall document the transaction by accomplishing the AR in three (3)





copies. The HH shall be given a copy, another shall be retained by the SCO/GRP while the remaining copy shall be submitted to the Regional Cashier together with the amounts collected.

- ix. All recovery shall be made strictly during office hours.
- x. All recovered grants shall be forwarded to the Regional Cashier within the day or on the next working day following the collection to the extent possible. The SCO/GRP shall cause the issuance of an Official Receipt (OR) for the recovered grants to be issued by the Regional Cashier similar to *Item IV of Financial Management Guidelines No. 12, s. of 2020*, and shall give a copy of said OR to the household who returned the excess grants.
- xi. If proceeding to the Regional Cashier on the following day is impractical due to distance and/or other reason/s, the SCO/GRP may deposit the recovered amount to the Miscellaneous Trust Account of the FO reflected in the AR. The SCO/GRP shall prepare the deposit slip in three (3) copies, one copy each for the bank, the SCO/GRP, and for the Regional Cashier.

The SCO/GRP shall turn-over the third copy of the Deposit Slips to the Regional Cashier every 5<sup>th</sup> day of the following month.

In no case shall the SCO/GRP ask another SCO/GRP, his/her fellow worker or any third person to deliver/deposit the collected grants to the RO/bank. It shall be his/her utmost duty to deliver the same to the Regional Cashier or deposit the same to the bank.

- xii. In case of loss of collected money in transit due to theft, casualty or force majeure, the SCO/GRP shall immediately notify the FO and the resident COA auditor of such incident by submitting an incident report with supporting evidence in compliance with **Section 73 of PD 1445** or the **Government Auditing Code of the Philippines**.
- xiii. Upon receipt of the recovered grants, the Regional Cashier shall then issue an Official Receipt per individual accomplished AR. **All collections shall be remitted by the FO to the Bureau of Treasury.**

The Regional Cashier shall prepare a monthly report of collections received pertaining to the overpayment of grants (**TEMPLATE L**).

- xiv. The SCO/GRP shall provide a report on collection of overpayment from Inactive HHs (**TEMPLATE M**) to the RPMO **not later than five (5) days after the reference month.**



- xv. For monitoring and collection purposes, the FO shall then submit to the NPMO and FMS-SP a monthly report on the following **not later than the 10<sup>th</sup> day of the following month**:
- a. Regional Report on the amount recovered (**TEMPLATE N**);
  - b. Report on Collection and deposit of amount recovered from the Regional Cashier (**TEMPLATE O**); and
  - c. Remaining amount for collection from HHs (**TEMPLATE P**);
  - d. Certified true copy of validated deposit slips.

The amounts reflected on items a, b and c shall tally.

**VI. ACCOUNTABILITY OF SPECIAL COLLECTING OFFICER OR GRANTS RECOVERY PERSONNEL**

- i. All recovered grants shall be strictly administered in accordance with the foregoing guidelines and due diligence shall be observed by SCO/GRP in safekeeping the grants recovered until the same is/are deposited as herein provided.
- ii. Any worker who will use the recovered grants illegally or who will fail to remit the same as provided in these Guidelines shall be subjected to disciplinary action and penalty in accordance with the **DSWD Code of Discipline, Civil Service and other appropriate law, rules and regulations.**

**VII. REPEALING CLAUSE**

All previous issuances inconsistent with this issuance are hereby repealed, modified, or amended accordingly.

**VIII. EFFECTIVITY**

This issuance shall take effect immediately.

Issued in Quezon City this 20 day of May 2021.

  
**ROLANDO JOSELITO D. BAUTISTA**  
Secretary

CERTIFIED TRUE COPY  
21 MAY 2021  
MYRNA H. REYES  
OIC-Division Chief  
Records and Archives Div. Office

### Inventory of Templates Needed

Template	Title
A	List of HHs with Overpayment
B	List of HHs with Underpayment
C	List of Active HHs with Overpayment
D	List of Inactive HHs with Overpayment
E	Paunawa ng Pagbabawas ng Sobrang Grants
F	DV Reflecting the amount of Adjustments done and Indicating the BoTr as the Payee
G	DV of HHs Under Cash Card Mode of Payment
H	DV of HHs Under Non-Cash Card Mode of Payment
I	CVS and Payroll History
J	Paunawa Para sa Pagsasauli
K	Panata ng Pausuli
L	Acknowledgment Receipt
M	Grants Recovery Monitoring Sheet
N	Regional Cashier's Monthly Report of Collections Received from Overpayment of Grants
O	Report on Collection of Overpayment from Inactive HHs
P	Report on the Amount Recovered
Q	Report on Collection and deposit of amount recovered from the Regional Cashier
R	Remaining Amount for Collection from HHs

**RO Template A\_List of HHs with Overpayment**

Department of Social Welfare and Development  
Pantawid Pamilyang Pilipino Program  
Regional Program Management Office (Region)

This is to submit and certify that the list of households with overpayment from the government subsidy for the specified period.

**A. Overpayment from Pantawid Pamilya Cash Grants**

Name of HH	HHID	CS as of	City/ Municipality	Barangay	Period Covered	Amount to be recovered	Remarks

**B. Overpayment from other government subsidy (please specify the program)**

Name of HH	HHID	CS as of	City/ Municipality	Barangay	Period Covered	Amount to be recovered	Remarks

This to authorize the National Program Management Office to facilitate the recovery of excess grants through the Payment Adjustment Module in adherence to the approved Recovery of Overpayment policy.

Prepared by:

\_\_\_\_\_  
Name and signature  
Regional Financial Analyst III  
Date:

Certified by:

\_\_\_\_\_  
Name and signature  
Regional Program Coordinator  
Date:

Approved by:

\_\_\_\_\_  
Name and signature  
Regional Director  
Date:

**RO Template B\_List of HHs with Underpayment**

Department of Social Welfare and Development  
Pantawid Pamilyang Pilipino Program  
Regional Program Management Office (Region)

This is to submit and certify that the list of households with overpayment from the government subsidy for the specified period.

**A. Underpayment from Pantawid Pamilya Cash Grants**

Name of HH	HHID	City/Municipality	Barangay	Period Covered	Lacking amount	Remarks

**B. Underpayment from other government subsidy (please specify the program)**

Name of HH	HHID	City/Municipality	Barangay	Lacking amount	Underpayment reason	Remarks

This to authorize the National Program Management Office to facilitate the processing of Retroactive payment in adherence to the existing policy.

Prepared by:

\_\_\_\_\_  
Name and signature  
Regional Financial Analyst III  
Date:

Certified by:

\_\_\_\_\_  
Name and signature  
Regional Program Coordinator  
Date:

Approved by:

\_\_\_\_\_  
Name and signature  
Regional Director  
Date:

**RO Template C\_List of Active HHs with Overpayment**

Department of Social Welfare and Development  
Pantawid Pamilyang Pilipino Program  
Financial Management Service -Special Program

This is to submit the list of active households with overpayment from the Pantawid Pamilya cash grants (and other government subsidy, if applicable) for the specified period.

Name of HH	HHID	CS as of _____	Region	City/ Municipality	Barangay	Pantawid grants/other Government Subsidy	Period Covered	Amount to be recovered	Period Recovery Schedule		Remarks
									Start	End	

These households were officially endorsed to this office to facilitate the recovery of overpayment. As of this writing, the list has been uploaded to the Payment Adjustment Module for computation. It is expected that the adjusted grants will be topped-up to the EMV cards in the succeeding pay period until excess grants has been fully recovered.

Prepared by :

\_\_\_\_\_  
Name and signature  
Financial Analyst (CO)  
Date: \_\_\_\_\_

Approved by:

\_\_\_\_\_  
Name and signature  
FMS-SP Director  
Date: \_\_\_\_\_

**RO Template D\_List of Inactive HHs with Overpayment**

Department of Social Welfare and Development  
Pantawid Pamilyang Pilipino Program  
Financial Management Service -Special Program

This is to submit the list of active households with overpayment from the Pantawid Pamilya cash grants (and other government subsidy, if applicable) for the specified period.

Name of HH	HHID	CS as of	Region	City/ Municipality	Barangay	Pantawid grants/other Government Subsidy	Period Covered	Amount to be recovered	Remarks

These households were officially endorsed to this office to facilitate the recovery of overpayment wherein manual recovery of cash grants will employ. A designated Special Collection Officer in the RPMOs will coordinate with them to discuss the possible terms of collection and execution of "Panata ng Pagsasauli". Likewise, the "Paunawa Para sa Pagsasauli" will be discussed accordingly.

Prepared by :

\_\_\_\_\_  
Name and signature  
Financial Analyst (CO)  
Date: \_\_\_\_\_

Approved by:

\_\_\_\_\_  
Name and signature  
FMS-SP Director  
Date: \_\_\_\_\_

## RO Template E\_Paunawa sa Pagbabawas ng Sobrang Grants

Department of Social Welfare and Development  
Pantawid Pamilyang Pilipino Program

### “Paunawa sa Pagbabawas ng Sobrang Grants”

Petsa: \_\_\_\_\_

\_\_\_\_\_  
(Pangalan ng HH Grantee)  
\_\_\_\_\_  
(HH ID)  
\_\_\_\_\_  
(Address)

Gng./G. \_\_\_\_\_ (Apelido ng HH)

Magandang araw!

Para sa inyong kaalaman sobra ang naibigay na grants ng 4Ps sa inyong household/sambahayan mula noong \_\_\_\_\_ (*payout period/buwan at taon*) hanggang \_\_\_\_\_ (*payout period/buwan at taon*) sa kadahilanang \_\_\_\_\_. Sa kabuoan, ang sobrang grants na inyong natanggap ay Php \_\_\_\_\_.

Dahil dito, nais naming ipaunawa at ipaalam sa inyo na ang labis na halagang ito ay kailangang maibalik sa DSWD sa lalong madaling panahon.

Ang sobrang grants ay ibabawas sa inyong matatanggap na grants sa mga susunod na payout sa pamamagitan ng Payment Adjustment na kung saan 50% ng inyong kasalukuyang matatanggap na grants ang ikakaltas upang kabayaran sa grants na kailangan ninyong isauli. Halimbawa, kung ang inyong grants para sa period na ito ay halagang Php 2,000.00, ang ikakaltas ay Php 1,000.00. Ito ay pauli-ulit na gagawin kada payout hanggang maibalik ng buo ang labis na grants.

Gayunpaman, inaasahan parin po namin na patuloy ang inyong 100% pagsunod sa mga alituntunin ng programa dahil sa ganitong paraan ay mas mabilis na matatapos ang pagkakaltas ng sumobrang bayad at mas mabilis ding babalik sa normal ang pagtanggap ninyo ng cash grant. Higit sa lahat, kami po ay umaasa sa inyong buong suporta patungkol dito.

Bilang patunay na kayo po ay aming naabisuhan sa hakbangin na ito, maari po lamang na kayo ay lumagda sa ibabaw ng inyong pangalan sa ibaba.

Lubos po kaming umaasa sa inyong kooperasyon. Maraming salamat po!

(Pangalan ng Director)  
Regional Director  
DSWD Field Office \_\_\_\_\_

**Conforme:**

\_\_\_\_\_  
(Pangalan at lagda ng HH)



RO Template F\_ DV Reflecting the amount of adjustments done and indicating the Bureau of Treasury as the Payee

Republic of the Philippines <b>DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT</b> Batasan Pambansa Complex, Constitutional Hills, Quezon City  <b>DISBURSEMENT VOUCHER</b>				Fund Cluster :  Date : DV No. :	
Mode of Payment		<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)			
Payee		BUREAU OF THE TREASURY		TIN/Employee No.:	ORS/BURS No.:
Address		MANILA			
		Particulars	Responsibility Center	MFO-PAP	Amount
		To return funds representing overpayment to the Pantawid Pamilya beneficiary in Region covering payroll period amounting to.....			P -
		Charged to:			
		Amount Due			P -
A. <input type="checkbox"/> Certified: Expenses: Cash Advance necessary, lawful and incurred under my direct supervision.					
National Program Manager					
B. <input type="checkbox"/> Accounting Entry:					
		Account Title	UACS Code	Debit	Credit
C. <input type="checkbox"/> Certified:			D. <input type="checkbox"/> Approved for Payment		
<input type="checkbox"/> Cash available			Three Hundred Sixty-Nine Thousand Nine Hundred Pesos Only		
<input type="checkbox"/> Subject to Authority to Debit Account (when applicable)					
<input type="checkbox"/> Supporting documents complete and amount claimed proper					
Signature				Signature	
Printed Name				Printed Name	
Position		Chief, Accounting Division for Special Projects Head, Accounting Unit/Authorized Representative		Position  Agency Head/Authorized Representative	
Date				Date	
E. <input type="checkbox"/> Receipt of Payment					JEV No.
Check/ ADA No.:		Date:	Bank Name & Account Number:		
Signature:		Date:	Printed Name:		Date
Official Receipt No. & Date/Other Documents					

**RÓ Template G\_Cash Card Mode of Payment**

<b>Republic of the Philippines</b>					DV No	
Department of Social Welfare and Development Office of the Secretary, Central Office					Date :	
<b>DISBURSEMENT VOUCHER</b>					Month :	
					JV No. :	
Fund Cluster :	01- Regular Agency Fund					
Funding Source :	01101101 - Specific Budgets of National Government Agencies					
Mode of Payment :	ADA (Spending)	Treasury Bank A/C No.		ORS/BURS NO. :		
Payee Name :	LANDBANK OF THE PHILIPPINES / DSWD 4PS thru PVB				TIN/Employee No.: 470349109000	
Address						
Payee Bank AC No. :		Payee Bank Name:		Payee Bank Branch		
Transaction Description	TO CREDIT TO THE BENEFICIARIES OF THE PANTAWID PAMILYANG PILIPINO PROGRAM FOR CONDITIONAL CASH TRANSFER (CCT) FOR REGIONS, VIA (AGDB) CASH CARD CY AS PER ATTACHED SUPPORTING DOCUMENTS.					
Res pons ibility Center		Account Title	PAP	UACS Object Code	AMOUNT	
CODE	DESCRIPTI ON				DEBIT	CREDIT
221	DSWD Pantawid Pamilyang Pilipino Program NPMO	Subsidies - Others	310100100001000	5021499000		
<b>TOTAL</b>						
<b>Amount Due</b>						-
Amount in Words	***Four Billion Eight Hundred Ninety One Million Four Hundred Seventy One Thousand Nine Hundred Fifty Pesos Only					
Certified: Expenses / Cash Advance necessary, lawful and incurred under my direct supervision						
A.	_____ National Program Manager					
B. Certified :				C. Approved for Payment		
<input type="checkbox"/>	Cash Available					
<input type="checkbox"/>	Subject to Authority to Debit Account (When applicable)					
<input type="checkbox"/>	Supporting Documents complete and amount Claimed properly					
Signature				Signature		
Printed Name				Printed Name		
Position	Chief. Acctg. Division for Special Projects			Position	Secretary	
	Head, Reques ting Office/Authorized Representative				Head, Budget Unit/Authorized Representative	
Date				Date		
<b>Supporting Documents</b>						
No.	Documents No	Title		Description		

**R0 Template\_H Non-Cash Card Mode of Payment**

Republic of the Philippines						DV No	
Department of Social Welfare and Development						Date :	
Office of the Secretary, Central Office						Month :	
<b>DISBURSEMENT VOUCHER</b>						JV No. :	
Fund Cluster :	01- Regular Agency Fund						
Funding Source :	01101101 - Specific Budgets of National Government Agencies						
Mode of Payment :	ADA (Spending)	Treasury Bank A/C No.		ORS/BURS NO. :			
Payee Name :	DSWD PANTAWID PAMILYANG PILIPINO PROGRAM - 4PS THRU LBP CONDUITS					TIN/Employee No.:20000002000	
Address	BATASAN COMPLEX, QUEZON CITY						
Payee Bank A/C No. :		Payee Bank Name:		Payee Bank Branch			
Transaction Description	TO CREDIT TO THE BENEFICIARIES OF THE PANTAWID PAMILYANG PILIPINO PROGRAM FOR CONDITIONAL CASH TRANSFER (CCT) FOR REGIONS VIA LANDBANK CONDUIT (LBP-OTC) CY AS PER ATTACHED SUPPORTING DOCUMENTS.						
Responsibility Center		Account Title	PAP	UACS Object Code	AMOUNT		
CODE	DESCRIPTION				DEBIT	CREDIT	
221	DSWD Pantawid Pamilyang Pilipino Program NPMO	Subsidies - Others	310100100001000	5021499000			
TOTAL					-		
Amount Due						-	
Amount in Words	***Nine Hundred Twenty Four Million One Hundred Ninety Six Thousand Six Hundred Fifty Pesos Only						
A.	Certified: Expenses / Cash Advance necessary, lawful and incurred under my direct supervision						
	_____ National Program Manager						
B. Certified :				C. Approved for Payment			
<input type="checkbox"/>	Cash Available						
<input type="checkbox"/>	Subject to Authority to Debit Account (When applicable)						
<input type="checkbox"/>	Supporting Documents complete and amount Claimed properly						
Signature				Signature			
Printed Name				Printed Name			
Position	OIC, Chief. Acctg. Division for Special Projects			Position	Secretary		
	Head, Requesting Office/Authorized Representative				Head, Budget Unit/Authorized Representative		
Date				Date			
Supporting Documents							
No.	Documents No	Title		Description			

RO Template I\_ Affected HH's CVS and Payroll History in the PPIS

Sample screen shot

VIII. CVS & Payroll History					
Compliance, NAPA and Payroll History					
Year	2017	Period	1 - FEB MAR		
Household ID	086020002-1354-00002				SET 2
Grantee	VEGA, NENE LABONG				AWANG, TARANGHAN, SAMAR (WESTERN SAMAR), REGION VIII
Current Client Status	1 - Active				
Client Status as of P1	CV Gen: 1 - Active NAPA Gen: 1 - Active				
Payment Mode	Regional Coverage (Offsite) B				
EDUCATION					
BENEFICIARIES	SCHOOL	February		March	
		CVS	NAPA	CVS	NAPA
VEGA, ROLANDO JR LABONG JR. [6408186] Grade 5 16 years old	no school	<input checked="" type="checkbox"/> No School	<input checked="" type="checkbox"/> Not Included	<input checked="" type="checkbox"/> No School	<input checked="" type="checkbox"/> Not Included
VEGA, ROMEL LABONG [6408257] Grade 3 8 years old	PALENCIA ES[00029691] Merged under PALENCIA ES[00029691]	<input checked="" type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Included	<input checked="" type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Included
VEGA, RONEL LABONG [6408225] Grade 6 12 years old	PALENCIA ES[00029691] Merged under PALENCIA ES[00029691]	<input checked="" type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Included	<input checked="" type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Included
1 - CVS Regular			600		600
HEALTH					
HEALTH CENTER VISITS		February		March	
		CVS	NAPA	CVS	NAPA
No Eligible Beneficiary					
FAMILY DEVELOPMENT SESSIONS		February		March	
		CVS	NAPA	CVS	NAPA
VEGA, NENE LABONG	AWANG	<input checked="" type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Included	<input checked="" type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Included
DEWORMING		February		March	
		CVS	NAPA	CVS	NAPA
VEGA, ROMEL LABONG	PALENCIA ES[00029691] - Merged under PALENCIA ES[00029691]			<input checked="" type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Included
VEGA, RONEL LABONG	PALENCIA ES[00029691] - Merged under PALENCIA ES[00029691]			<input checked="" type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Included
HEALTH SUMMARY		February		March	
		<input checked="" type="checkbox"/> Included		<input checked="" type="checkbox"/> Included	
1 - CVS Regular			500		500
Rice Assistance / Subsidy			600		600
PAYROLL PER NAPA		ADJUSTMENT	ADJUSTED PAYROLL FOR RELEASE		
Total EDUCATION Grant	1200	600	600		
Total HEALTH Grant	1000	500	500		
Total Rice Assistance / Subsidy	1200		1200		
Total GRANT	3400	1100	2300		

RO  
Annex

RO

Department of Social Welfare and Development  
Pantawid Pamilyang Pilipino Program

**PAUNAWA Para sa PAGESASAULI**

Petsa: \_\_\_\_\_

\_\_\_\_\_  
**(Pangalan ng HH Grantee)**  
\_\_\_\_\_  
**(HH ID)**  
\_\_\_\_\_  
**(Address)**

Gng./G. \_\_\_\_\_ (Apelido ng HH)

Magandang araw!

Para sa inyong kaalaman sobra ang naibigay na grants ng 4Ps sa inyong household/sambahayan mula noong \_\_\_\_\_ (payout period/buwan at taon) hanggang \_\_\_\_\_ (payout period/buwan at taon) sa kadahilanang \_\_\_\_\_. Sa kabuoan, ang sobrang grants na inyong natanggap ay Php \_\_\_\_\_.

Dahil dito nais naming ipaunawa at ipaalam sa inyo na ang labis na halagang ito ay kailangang maibalik sa DSWD sa lalong madaling panahon. Ang sobrang grants ay kokolektahin sa inyo sa pamamagitan ng itatalagang Special Collection Officer/Grants Recovery Personnel. Sila ay pupunta sa inyo upang mapag-usapan kung paano ninyo maisasauli ang sobrang grants hanggang sa ito ay maibalik nang lahat sa DSWD.

Bilang patunay na kayo po ay ay aming naabisuhan sa hakbangin na ito, maari po lamang na kayo ay lumagda sa ibabaw ng inyong pangalan sa ibaba.

Lubos po kaming umaasa sa inyong kooperasyon. Maraming salamat po!

**(Pangalan ng Director)**

Regional Director  
DSWD Field Office \_\_\_\_\_

**Conforme:**

\_\_\_\_\_  
**(Pangalan at lagda ng HH)**

Petsa: \_\_\_\_\_

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
PANTAWID PAMILYANG PILIPINO PROGRAM

**PANATA ng PAGSASAULI**

Ako si (Pangalan ng Grantee), may sapat na taong gulang, Filipino, walang asawa/may-asawa/biyudo o balo, naninirahan sa \_\_\_\_\_, at Grantee ng Household/Sambahayan na may HH ID No. \_\_\_\_\_, ay nagsasaad ng sumusunod:

1. Ang aming household/sambahayan ay nakatanggap ng overpayment mula sa Pantawid Pamilyang Pilipino Program noong \_\_\_\_\_, sa halagang \_\_\_\_\_;
2. Na ang dahilan ng overpayment na ito ay \_\_\_\_\_;
3. Dahil ito ay overpayment, alam namin na hindi ito dapat natanggap at may obligasyon kaming ito ay isauli sa Gobyerno/Department of Social Welfare and Development (DSWD); at,
4. Nangangako kami ng aming household/sambahayan na isasauli sa DSWD ang natanggap naming overpayment ng \_\_\_\_\_ paghuhulog sa loob ng \_\_\_\_\_ buwan/taon upang ito ay magamit sa ibang makabuluhang proyekto ng Gobyerno.

\_\_\_\_\_  
Lagda

Pinatotohanan:

\_\_\_\_\_  
Municipal Link

Tinatanggap:

\_\_\_\_\_  
Regional Program Coordinator

**RO Template L\_ Acknowledgement Receipt**

Department of Social Welfare and Development  
Pantawid Pamilyang Pilipino Program  
Regional Program Management Office \_\_\_\_

**Katunayan ng Pagtanggap**

Ang dokumentong ito ay nagpapatunay na si G./Gng. \_\_\_\_\_, kinatawan ng sambahayan, na may household ID number \_\_\_\_\_ ay kumpletong naibalik ang labis na halagang P\_\_\_\_\_ mula sa \_\_\_\_\_ (Pantawid cash grants/iba pang subsidy ng pamahalaan (ilagay ang Programa) \_\_\_\_\_). Ang halagang ito ay isusumite sa Miscellaneous Trust Account ng rehiyon na ito.

DSWD Field Office : \_\_\_\_\_  
Account Name : \_\_\_\_\_  
Account Number : \_\_\_\_\_  
Servicing Branch : \_\_\_\_\_

Ang mga lumagda sa ibaba ang saksi at nagpapatunay ng pagsauli ng kabuuang halaga na nabanggit.

\_\_\_\_\_  
Buong pangalan at pirma sa ibabaw  
Representante ng Sambahayan  
Petsa: \_\_\_\_\_

\_\_\_\_\_  
Buong pangalan at pirma sa ibabaw  
Special Collection Officer  
Petsa: \_\_\_\_\_

**Template M\_ Grants Recovery Monitoring Sheet**

Department of Social Welfare and Development  
Pantawid Pamilyang Pilipino Program

**Grants Recovery Monitoring Sheet**

**I. Household Information**

Region: \_\_\_\_\_ Province: \_\_\_\_\_ Municipality: \_\_\_\_\_ Brgy.: \_\_\_\_\_

HH ID: \_\_\_\_\_ Set: \_\_\_\_\_

HH Grantee Name: \_\_\_\_\_

HH Status: \_\_\_\_\_ Name of C/ML: \_\_\_\_\_

**II. Recovery Monitoring**

Amount to be recovered: PhP \_\_\_\_\_ Reason for Overpayment: \_\_\_\_\_

Date	Amount Collected	Remaining Balance	Received by (name, signature and date)
1.			
2.			
3.			
4.			
5.			
6.			
7.			







RO Template P\_ Report on the Amount Recovered

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
PANTAWID PAMILYANG PILIPINO PROGRAM  
DSWD Field Office \_\_\_\_\_

REPORT ON CONDONATION TO INACTIVE HHS

This is to certify that for the month of \_\_\_\_\_ amount of P(in figures) (in words) representing overpayments received by Pantawid Pamilya household beneficiaries were condoned by the Regional Program Management Office. Listed below are the details thereof:

HH ID	NAME	ADDRESS	OVERPAYMENT	BALANCE TYPE	REMARKS	CONDONED AMOUNT

Prepared by: \_\_\_\_\_ Verified by: \_\_\_\_\_ Certified Correct by: \_\_\_\_\_

Special Collecting Officer (SCO)/ Grants Recovery Personnel  
City/Municipal Link / Social Welfare Officer III  
Provincial Link

**RO Template Q\_ Report on Collection and deposit of amount recovered from the Regional Cashier**

**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
PANTAWID PAMILYANG PILIPINO PROGRAM  
DSWD Field Office \_\_\_\_\_**

**CERTIFICATION**

This is to certify that as of \_\_\_\_\_, the total amount of (amount in words and figures) representing overpayments recovered from inactive/delisted Pantawid Pamilya household beneficiaries were collected and remitted by the Regional Program Management Office, summary as follows:

BALANCE Type	Approved For Recovery		Already Recovered & Remitted		Condoned		Balance for Collection	
	No. of Transactions	Total Amount	No. of Transactions	Total Amount	No. of Transactions	Total Amount	No. of Transactions	Total Amount
1- Advances due to Election								
2- Erroneous Encoding of Data Updates								
3- Erroneous Encoding of CV results								
4- Recovery of overpayment due to duplicates								
5- Suspension due to misdemeanor								
6- Credited to incorrect account								
7- Incorrect NAPA								
8- Erroneous reporting of payment data								
<b>GRAND TOTAL</b>								

**TOTAL OVERPAYMENTS FOR RECOVERY TO DATE** (amount in figures)

**PERCENTAGE OF RECOVERED OVERPAYMENTS** \_\_\_\_\_%

Find attached consolidated list of Pantawid Pamilya HH beneficiaries with condoned amounts and those HHs still due for overpayment recovery in support of this certification.

Issued this \_\_\_\_\_ day of (month), (year).

**Prepared by:**

**Certified Correct by:**

**Approved by:**

Financial Analyst III

Regional Program Coordinator

Regional Director

**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
PANTAWID PAMILYANG PILIPINO PROGRAM  
DSWD Field Office \_\_\_\_\_**

**CONSOLIDATED REPORT ON OVERPAYMENT BALANCE LEFT FOR RECOVERY FROM INACTIVE HHS**

This is to certify that as of \_\_\_\_\_ amount of P(in figures) (in words) representing overpayments recovered from inactive Pantawid Pamilya household beneficiaries are left uncollected. Listed below are the details thereof:

CONTROL NO.	HH ID	NAME	ADDRESS	OVERPAYMENT	BALANCE TYPE	REMARKS	RECOVERED AMOUNT	OR #	BALANCE AMOUNT

Prepared by:

Certified Correct by:

Approved by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Analyst III**

**Regional  
Program  
Manager**

**Regional  
Director**