

DRN: FMS-TPMD-A-Comm-20-08-96296-5

**FOR : ALL HEADS OF OFFICES, BUREAUS, SERVICES**  
Central and Field Offices (FOs)

**FROM : THE UNDERSECRETARY**

**SUBJECT : FINANCIAL MANAGEMENT GUIDELINES (FMG) NO. 19, SERIES OF 2020: SUPPLEMENTAL GUIDELINES TO FMG NO. 12, SERIES OF 2020 AS AMENDED BY FMG NO. 17, SERIES OF 2020**

**DATE : 29 JULY 2020**

## **I. RATIONALE**

Financial Management Guidelines No. 12, series of 2020 or the Guidelines on the Refund of the Social Amelioration Program Subsidies from Local Government Units, Special Disbursing Officers, and Other DSWD Payment Partners was issued to provide guidance on how the Department shall handle refunds from beneficiaries of the Social Amelioration Program (SAP) Emergency Subsidy Program (ESP).

However, the said FMG does not cover refunds of ESP grants paid to the beneficiaries through various Financial Service Providers (FSPs).

This FMG is issued to provide additional guidelines specified in FMG No. 12, series of 2020 as amended by FMG No. 17, series of 2020 as follows:

## **II. SUPPLEMENTAL SPECIFIC GUIDELINES**

**IV (1) (1.1)** To add a third paragraph as follows:

“In the case of ESP grants paid-out to beneficiaries through partner FSPs, refunds must be collected by the DSWD Field Office (FO) collecting officer.”

**1.4** The collecting officer shall collect the following data from the beneficiaries making the refund:

- Last Name, First Name, Middle Name
- Birthdate
- Address: Barangay, Municipality, Province
- Contact Number
- FSP which made the pay-out
- Classification of ESP Grants refunded (Second Tranche or ESP for Waitlisted Beneficiaries)

**IV (2) 2.3** The FSP submitted Liquidation Report (LR) which includes the names of the beneficiaries who refunded the ESP shall not be amended.

**IV (3)**

**3.10** Refunds collected by the FOs for the week, shall be deposited to the CO account for ESP Refunds with the following details:

Bank and Branch: Landbank of the Philippines - Batasan branch  
Account Name: DSWD Central Office - Depository Account for Refunds of Unutilized DSWD SAP ESP  
Account Number: 3122-1032-09

**3.11** The FOs concerned shall submit a Weekly Report of Collections from Beneficiaries Paid Through FSPs and Subsequent Deposit to Central Office Account (Annex A), in pdf and excel format, and submit the same together with the scanned Certified True Copy of the Deposit Slip to the Central Office (CO) Finance and Management Service (FMS)-Cash Division, for verification, through the following email addresses:

1. Ms. Grace S. Nisperos-[gasnisperos@dswd.gov.ph](mailto:gasnisperos@dswd.gov.ph)
2. Mr. Jose Mari A. Madera-[jmamadera@dswd.gov.ph](mailto:jmamadera@dswd.gov.ph)
3. Cash Division account-[cash@dswd.gov.ph](mailto:cash@dswd.gov.ph)

In order to expedite processes, the CO FMS-Accounting Division shall be furnished a copy of the said submission through the following email addresses:

1. Ms. Jubie Leah Mae S. Coles-[jlmscopes@dswd.gov.ph](mailto:jlmscopes@dswd.gov.ph)
2. Ms. Joan V. Binas-[jvbinas@dswd.gov.ph](mailto:jvbinas@dswd.gov.ph)
3. Accounting Division account-[accounting@dswd.gov.ph](mailto:accounting@dswd.gov.ph)

**3.12** The CO FMS-Cash Division shall cause the immediate verification of the reported deposits and acknowledge the same through email.

**IV (4)**

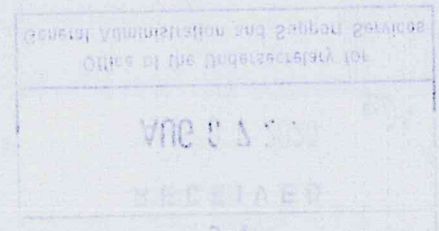
**4.1** To add a second paragraph as follows:

Immediately after FMS-Cash Division's acknowledgement of FO deposit for refunds from beneficiaries paid through FSPs, the FMS-Accounting Division personnel assigned shall prepare the NORSA to be certified by the Head of the Program Management Bureau and approved by the Chief Accountant.

For your reference and strict compliance.

  
**JOSE ERNESTO B. GAVIOLA**

  
JLMSC/WCB/222





Department of Social Welfare and Development  
Field Office \_\_\_\_\_  
Weekly Report of Collections from Beneficiaries Paid Through FSPs and  
Subsequent Deposit to Central Office Account  
For the Week of August \_\_ to \_\_, 2020

No	BENEFICIARIES			ADDRESS			Contact Number	FSP	Type of Grant (2 <sup>nd</sup> Tranche or Waitlisted)	Amount Refunded
	Last Name	First Name	Middle Name	Barangay	City/ Municipality	Province				
1										
2										
3										
4										
Total Collection <sup>1</sup>										Phpxxx
Total Deposit to CO Account (See attached CTC of Deposit Slip)										Phpxxx

**Prepared by:**

Collecting Officer

**Certified by:**

FO Cashier

<sup>1</sup> Total collection reported shall be deposited to the CO account in full as evidenced by the supporting deposit slip.