

PHILIPPINE CHARITY SWEEPSTAKES OFFICE

CITIZEN'S CHARTER 2025 Edition 02 January 2025

CITIZEN'S CHARTER





I. Mandate

The *Philippine Charity Sweepstakes Office (PCSO)*, created under Republic Act 1169 as amended, is the principal government agency for raising and providing funds for health programs, medical assistance and services, and charities of national character. The PCSO upholds its lottery revenue growth to sustain its charity programs and services and become responsive to the medical and health needs of the poor and disadvantaged sector in the local communities.

II. Vision

By 2025, PCSO shall be an excellent government agency for sustainable fund generation for the Filipino people through the conduct of globally competitive gaming products.

III. Mission

- We hold and conduct transparent sweepstakes races, lotteries and other similar activities;
- > We provide responsive assistance to eligible recipients and beneficiaries;
- We continuously develop our people and improve & communicate our products & services; and
- > We establish strong partnerships with responsible agents and stakeholders.

IV. Service Pledge

The officials and employees of the Philippine Charity Sweepstakes Office (PCSO) commit the following:

- To provide quality, responsive, and transparent services to our clients;
- To uphold compassion, integrity, patriotism, professionalism, and transparency in all our dealings with our clients;
- To ensure the availability of staff from Mondays to Fridays, 8:00 a.m. to 5:00 p.m., without noon breaks; and
- To give utmost importance to positive or negative feedback regarding our products, services, and personnel.



PHILIPPINE CHARITY 5 SWEEPSTAKES OFFICE

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MULTI-STAGE PROCESSES



1. PROCESSING OF DISBURSEMENT VOUCHERS (DVS) FOR UTILIZED **GUARANTEE LETTERS (GLs) - MAIN OFFICE**

Stage 1: Charity Assistance Department (10 days)

Medical Assistance Program (MAP) – Disbursement Voucher Preparation Process

Provision of assistance to male and female individuals with health-related problems seeking financial help, which is embedded on the premise of augmenting their funds, through the issuance of Claim Slip/Guarantee Letters as a medium to provide services addressed to the Partner Health Facilities (PHFs) such as hospitals, dialysis centers, medicine retailers among others.

Office or Division:	Charity Sector, Charity Assistance Department (CAD), Individual				
Classification:	Charity Assistance Division (ICAD)				
		Simple G2C- GOVERNMENT TO CITIZEN			
Type of Transaction:					
Who May Avail:		authorized representative (Immediate			
	Family Member/s)				
		nfined in the Charity Ward / Private Ward)			
	Out patients (C				
CHECKLIST OF REQU	IKEMEN 15	WHERE TO SECURE			
GENERAL REQUIREM	ENTS:				
1. Government-iss	ued ID of the patient	 DFA, GSIS, SSS, PRC, PSA, COMELEC, PhilHealth, OSCA, DSWD, NGAs, Educational Institution where the student is currently enrolled 			
 Original/ Certifie Medical Abstrac outpatient) duly attending physic printed full name license number 	t (for inpatient & signed by the ian/ oncologist with	 Hospital or Other Partner Health Facility (PHF) where patient is being treated/managed 			
SPECIFIC REQUIREM	ENTS:				
Account/ Latest printed name du officer/Credit Su	ly signed by the Billing pervisor with Senior Citizen, HMO,	1. Hospital or PHF where patient is presently confined			
	e duly signed by the ntative or Certification	 Billing/Credit and Collection Office of Hospital or Other PHF where patient is confined 			



3. For Medico-Legal Cases: Copy of the Vehicular/Police Report

B. CHEMOTHERAPY

- 1. Original prescription with printed full name, signature and license number of oncologist/ attending physician
- 2. Original copy of treatment protocol with signature, name, and license number of oncologist/attending physician

C. HEMODIALYSIS

- 1. Endorsement/Acceptance Letter by the Dialysis Center/ Hospital of Guarantee Letter from PCSO
- 2. Official Quotation from the Dialysis Center/ Hospital
- 3. For PhilHealth Members:
 - a. Certification on the number of benefits availed

D. MEDICINES (Erythropoietin, Hemophilia and Post-transplant)

- 1. Original Prescription with printed full name, signature, and license number of the attending physician
- Official quotation from the dialysis center/ hospital for Erythropoietin Injection only

- 3. Police Precinct where the incident was reported
- 1. Oncologist/Attending Physician of the patient
- 2. Oncologist/Attending Physician of the patient
- 1. Hospital or Other Partner Health Facility (PHF) where patient is undergoing treatment
- 2. Hospital or Other Partner Health Facility (PHF) where patient is undergoing treatment
- 3. PhilHealth / Hospital or Other Partner Health Facility (PHF) where patient is undergoing treatment
 - 1. Attending Physician of the patient
- 2. Medical Record Section of Concerned Hospital/PHF

CLIENT STEPS (PHF Liaison Officer)		AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Statement Account		1.1 Check number and name of patients against the transmittal submitted by partner health facility (PHF).	None	1 working day	CAD (Receiving Personnel)
complete documents including		1.2 Check and review the completeness of data			



Guarantee Letter (GL)/claim slips	 in the SOA and the documentary requirements. If incomplete, fill up and return to PHF Liaison Officer with the initial submitted document for completion. 1.3 If complete, original stamp "RECEIVED" on the document with date, time, and initials of the receiving personnel. 1.4 Segregate and distribute SOAs and documentary requirements to Data Analysts 			
	 2.1. Scan the QR code and check the correctness of the data entry in the system (i.e. name of payee, amount approved, amount in the SOA, nature of request and transaction type). 2.2. Assign and print transmittal number and Charity Disbursement Slip (CDS) and submit to Supervisor for review and signature. 	None	4 working days	CAD (Data Analysts)
	Review the encoded datain the System and theattached documentaryrequirements3.1 In case of anydiscrepancydisapprove byclicking "REJECT"button, indicatecomment and returnthe CDS togetherwith thedocumentaryrequirements to DataAnalyst for	None	2 working days	CAD Supervisor





appropriate action/ correction			
 3.2 If consistent on the data entry in the System and the documentary requirements, click the "Approve" button in the System. Assign transmittal number and sign the CDS. 3.3 Fill up the DV Receiving Logbook for DM/DC and endorse the case to the Division Chief 			
 4 Verify the data entry in the System and the documentary requirements. If with discrepancy, click "REJECT" button and return the documents to the assigned supervisor for appropriate action. 4.1 If consistent, click the "APPROVE" button in the System and sign 	None	2 working days	CAD Division Chief/CAD Manager
the CDS. 4.2. Endorse to databank controller for assignment of transmittal number and printing of request for payment (RFP).			
5. Review the attachment per DS and assign transmittal number for every batch up to thirty (30) SOAs with approved RFPs.	None		
5.1 Print RFP and attach to the corresponding CDS;		1 working day	ICAD (Data Bank Controller)



[
	5.2. Prepare Summary ofTransmittal and forward to the CAD Liaison Personnel for submission to ABD.			
	 Bundle Summary of MAP Availment with RFPs per batch. 			
	6.1.Inspect Summary of MAP Availment and RFPs, if complete			
	6.2 Transmit to the ABD the bundled Transmittal Sheets with RFPs.	None		ICAD (Liaison Officer)
	6.3 Provide the receiving copy of transmittal to Databank Controller for recording and monitoring.			
	 Check, update and maintain records of cases in the CAS Report Catalog. 	None		ICAD (Data Bank Controller)
	7.1 Download Report from CAS and CSIS Databank			
	7.2 Monitor and track monthly accomplishment.			
Sub-total			10 working days	

Stage 2: Accounting and Budget Department (20 working days) and Office of the Assistant General Manager/Office of the General Manager (5 working days)

PROCESSING OF DISBURSEMENT VOUCHERS (DVs) FOR UTILIZED GUARANTEE LETTERS (GLs)

This process enumerates the steps in processing of DVs for utilized guarantee letters (GL) from Charity Assistance Department charged against Charity Fund.

Office/Department/Division:	PCSO/Accounting and Budget Department/Charity Fund
	Division
Classification:	Simple/Complex
Type of Transaction:	G2G
Who May Avail:	CAD
NATURE OF REQUEST	CHECKLIST OF REQUIREMENTS
FOR PAYMENT	





 Medical Assistance Program (MAP) including Malasakit Centers 	 Confinement: Accomplished MAP Application Form Medical Abstract Statement of Account (SOA), if discharged copy of Promissory Note Copy of Guarantee Letter/Claim Slip Photocopy of valid ID of patient/or representative
	 Chemotherapy: 2.1. Accomplished MAP Application Form 2.2. Medical Abstract with treatment protocol 2.3. Sales Invoice 2.4. Statement of Account (SOA) 2.5. Prescription duly signed by attending physician 2.6. Copy of Guarantee Letter 2.7. Photocopy of valid ID of patient
	 Dialysis: Accomplished MAP Application Form Medical Abstract Charge Slip/s duly acknowledged by patient/or representative Statement of Account (SOA) Frescription duly signed by attending physician Copy of Guarantee Letter Photocopy of valid ID of patient
	 4. Specific Medicines: 4.1. Accomplished MAP Application Form 4.2. Discharge Summary/Medical Abstract 4.3. Original Sales Invoice and Acknowledgement Receipt 4.4. Statement of Account (SOA) 4.5. Out-patient prescription duly signed by attending physician 4.6. Copy of Guarantee Letter 4.7. Photocopy of valid ID of patient
	 Laboratory/Diagnostic Procedures (including development assessment)
	 5.1 Accomplished MAP Application Form 5.2 Medical Abstract/Medical Certificate (outpatient) duly signed by the attending physician/oncologist with printed name and signature with license number
	5.3 Charge Slip/s duly acknowledged by patient/or representative
	 5.4 Statement of Account (SOA) 5.5 Request for Laboratory/diagnostic/initial development assessment from the attending physician with printed name and signature with license number
	5.6 Copy of Guarantee Letter 5.7 Photocopy of valid ID of patient





	 6. Implants (Bone/Cochlear)/ Medical Devices (Pacemake Septal Occluder/PCI Device/Valves: 6.1 Accomplished MAP Application Form 6.2 Medical Abstract 6.3 Original Sales Invoice and Acknowledgement Receipt 6.4 Statement of Account (SOA) 6.5 Request for specification of medical device prescription of medical device 6.6 Copy of Guarantee Letter 6.7 Photocopy of valid ID of patient 				
CLIENT STEPS	AGENCY	ACTION	FEES TO	PROCESSING TIME	RESPONSIBLE PERSON
			BE PAID		
CAD transmits to Charity Fund Division of ABD the Request for Payment (RFP) with documentary requirements and Transmittal List for processing.	 Payment Check versus list an indivic "Rece affix ir date. In cas unliste discre RFPs, transn appron notatio origina For Co Accou Systen Proce receiv 	a DVs/RFPs s transmittal d stamp lual RFP ived" and hitials and e of missing, ed or pant DVs/ , return the nittal list with priate on to the ating office. omputerized unting m (CAS) ssing, e onically each f 30 GLs per dle) for manual and RFP for	None	1 working day 3 working days	Receiving Personnel /Accounting Clerk



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	 2. Pre-Audit and process the DVs/RFP Review the individual DV/RFP for compliance with the specified requirements as per relevant checklist. Check accounting entries for appropriateness and particulars of payment. In case of deficiencies/errors, reject and return to the originating party with the attached return slip for rectification. If in order, forward DV/RFP to the 	None	7 working days	Financial Analyst/Fiscal Controller/ABD Personnel
	DV/RFP to the DC/DM for review			
	and approval.			
	 3. Approve the Certification of Availability of Funds (Box B of DV) Review the Disbursement Voucher and certify availability of funds if in order, otherwise Reject and return to the Financial Analyst/Fiscal Controller/ABD Personnel with the attached return slip for rectification of deficiencies/errors. Note: Division Chief – signs for and in behalf of the DM if within the level of 	None	6 days	Division Chief / Department Manager





	authority (₱300,000.00 and below), otherwise, initials; Department Manager – signs/approves the DV (above ₱300,000.00) • Forward to Releasing Personnel			
	 4. Prepare transmittal (for AGM/GM) of all processed DVs and print BIR Form 2307. Transmit DVs for approval of Box C 	None	3 working days	Releasing Officer
	 5. Approval of Disbursement Voucher (Box C) Office of the AGM (up to ₱1,000,000.00); GM (above ₱1,000,000.00) 6. Forwards approved DVs to the Treasury Department 	None	6 working days	AGM/ General Manager
Sub-total		None	25 working days	

Disclosure Statements:

- 1. The processing timeline of ABD is twenty (20) days from receipt of RFPs with complete documents up to the preparation of Transmittal of Processed DVs (Step 4). The activity in Step 5 which has a different timeline, is purposely included herein to show the complete cycle of DV processing prior to the preparation of check.
- 2. Considering the voluminous transactions for MAP including Malasakit Center, twenty (20) days is required to complete the pre-audit and processing.
- 3. Said processing is done simultaneously with other payments of Charity Fund Expenses, such as LGU Lotto shares, which are likewise bulk transactions. Moreover, there are other priority RFPs, Board of Director's Charity Fund (DCF), Cash Advance, Liquidation of Cash Advances, charged against Charity Fund.
- 4. The simple transaction referred above is for one (1) to two (2) patients per one (1) RFP / DV, while complex is for three (3) to seven (7) patients per one (1) RFP/ V.





Stage 3: Treasury Department (10 working days) including notification of payee

Processing of Check Payments for approved Disbursement Vouchers (DVs) for Utilized Guarantee Letters (MAP-General/MAP Malasakit)

This process starts from receipt of DVs/RFPs up to notification of availability of checks for release to concerned payees by email, phone call and other means of communications within ten (10) working days.

Office/Departme	ent/Division:	PCSO/Treasury Department/ Charity Fund Disbursement Division			
Classification:			mplex		
Type of Transaction:			C - Gov G - Gov B – Gov	ernment to Citize ernment to Gove rernment to Busin	ernment ness
Who May Avail:		ser	vices to		acilities providing es thru Guarantee
CHECKLIST O	F REQUIREMENTS			WHERE TO S	ECURE
Duly Approved D complete docume A. MAP-Gene B. MAP-Mala	entary requirements: eral	 Office of the General Manager Office of the Assistant General Manager for Charity Sector Charity Assistance Department 			stant General rity Sector
CLIENT STEPS	AGENCY ACTION		FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
Transmit approved DVs/RFPs with documentary requirements and Transmittal List for preparation of checks by CAD/OAGM for Charity Sector/OGM personnel.	 Receive approv DV's/RFPs fr CAD, OAGM-Cha and OGM. Checking of DVs/RFPs versus transmittal list: Check the numbe DVs/RFPs submit versus transm list. Stamp individ DV/RFP "Receiv and affix initials, of and time; 	of rity of tted ittal dual red"	None	One (1) working day	Cash Clerk / Cashier



CLIENT STEPS	AGENCY ACTION	то	PROCESSING TIME	RESPONSIBLE PERSON
	ACENCIACIÓN	BE PAID		
	 In case of missing or unlisted DV/RFP return the transmittal list and unlisted DV/RFP, if any, with remarks for appropriate action of the originating office. 			
	 Attach a Monitoring Slip with the following data: Voucher Number Date and Time Amount Initials 			Cashier
	1.2. Checking of individual DVs/RFPs:			
	A. For CAS Transactions:			
	• Verify the completeness of DV/RFP details (voucher number, amount, and approval of signatories).			
	 Search for the voucher number and click the "RECEIVE" box. 			
	 Record the DV/RFP to the Daily Voucher Receipt. 			
	B. For Manual Transactions (when applicable,			

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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
	in case of connectivity loss or inavailability of CAS):			
	• Verify the completeness of the voucher (name of the payee, signatories, date and amount of the voucher).			
	 If DV/RFP is not in order, log and return the documents to the CAD/OAGM/OGM for appropriate action 			
	2. Review pre-audited DVs/RFPs.	None	Four (4) working hours	Cashier
	 Verify the completeness of the DV/RFP (name of the payee, signatories, date and amount of the voucher); 			
	 Search for the voucher number and click the "REVIEW" box. 			
	 If errors are found in the DV, click "REJECT" and return to the CAD/OAGM- Charity/OGM. 			
	 If in order, forward the DV/RFP to 			



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
	Cashier for check preparation.			
	3. Prepare check and print Disbursement Vouchers	None	Four (4) working hours	Cashier
	A. Assign check			
	For CAS Transactions:			
	 Assign Check (Note: CAS automatically generates check number). 			
	 Preview the Check and verify the following details: Name of Payee Amount Date Signatories 			
	 In case of inaccuracies in check entries, click "VOID" and prepare another Check; 			
	For Manual Transactions (when applicable, in case of connectivity loss or unavailability of CAS:			
	 Encode the following details of the check in the TD MS Excel Check Printing File: Name of Payee Date of Check Amount Nature of Payment 			



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
	 DV number B. Print the approved Disbursement Voucher (Note: For CAS transactions only) C. Print check and attach the same to its supporting documents; then, forward it to the Cashier/Division Chief for review and initial. D. Record Check to the Daily Checks Issued for reporting purposes E. Record issued Check in the Checks Disbursement 			
	 Register 4. Review the check. 4.1 Review and verify correctness of data encoded in the charity check vs DV. 4.2.A. Affix initial in the acknowledgement receipt portion of the check voucher for checks amounting to Php 300,000.00 and below and forward to the Division Chief/Designated alternate, if in order; 	None	One (1) working day	Cashier IV and Cashier III



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
	otherwise, stamp check as "Spoiled" or "Cancelled". 4.2. B. Affix initial in the acknowledgement receipt portion of the check voucher for checks above Php 300,000.00 and forward to the Department Manager/Designated alternate.			DC/ Designated alternate
	 5. Approve and sign check as cosignatory Manually sign the check amounting to Php300,000.00 and below as cosignatory when everything is found in order. Manually sign the check amounting to Php300,000.01 and above as cosignatory when everything is found in order. Manually sign the check amounting to Php300,000.01 and above as cosignatory when everything is found in order. Checks above Php500,000.00 are forwarded to the principal signatory. 	None	Two (2) working days	Division Chief/Designated alternate; DM and/or AGM for Administrative Sector DM/Designated alternate and/or AGM for Administrative Sector
Staff of OAGM for Charity Sector/ OAGM for Administrative Sector / OGM receive checks	 manually the check, when applicable Digitized 	None	Four (4) working hours	



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
(with complete attachments) for signature as principal signatory	 principal signatory is automatically attached to checks amounting to Php500,000.00 and below The AGM for Charity Sector is authorized to sign checks up to a maximum amount of Php1,000,000.00 The General Manager can sign checks at any amount. Return the signed checks with attachments to the Treasury 			AGM for Charity Sector/Designated alternate or AGM for Administrative Sector (as alternate signatory) General Manager
	 Department. 7. Fully signed checks (with complete documents) are recorded in the logbook of Check Disbursement Register. Ensure completeness and correctness of signatures. Segregate and transmit checks to Branch Cash Transaction Division that are intended to be released through PCSO Branches 	None	One (1) working day	Cashier



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
Acknowledge the notification from the Treasury Department of the availability of checks for release.	8. Notify the concerned payee thru email, phone call or other means of communication of the availability of checks for release.	None	Two (2) working days	Cashier
TOTAL		None	(10) working days	
0	None	45 working days		

DISCLOSURE STATEMENTS:

- The processing time of ten (10) working days commence from receipt of the bulk of DVs/RFPs with complete documents up to the notification of availability of checks for release of payees/beneficiaries through email, phone call and other means of communication.
- 2. Processing is done simultaneous with other payments of Charity fund expenses such as:
 - a. LGU Lotto shares
 - b. Mandatory contributions
 - c. Institutional Partnership Program
 - d. Other expenses chargeable against Charity fund.
- 3. The duration of activity is under normal circumstances.
- Upon release of the check/s the client is being asked to take the PCSO Client Satisfaction Measurement (CSM) Survey as a feedback mechanism to measure client satisfaction on services rendered and process improvements effort.



2. PROCESSING OF DISBURSEMENT VOUCHERS (DVS) FOR UTILIZED GUARANTEE LETTERS (GLs) IN THE BRANCH OFFICES

To define the step by step process of MAP (GLs utilized) and ensure timely payment of the Branch Office's MAP payables within 45 working days from receipt of the SOA with complete documentary requirements.

Classification: Complex Type of Transaction: Government to Citizens (G2C) Who May Avail: Patient or duly authorized representative Availability of Service Mondays to Fridays, 8:00am to 5:00pm CHECKLIST OF REQUIREMENTS Stoppm • Original Statement of Account • PCSO Documentary Requirements: • Medical Facilities / Institutions Copy of the Clinical / Medical Abstract/ • Medical Facilities / Institutions • Discharge Summary • Suppliers • Copy of the Valid ID of the patient and representative, if applicable • Suppliers • PCSO MAP Application Form • Unified Intake Sheet (for Malasakit Center Patients) Chemotheraphy Medicines • Medical Certificat and Prescription (issued by the same doctor) • Updated and Original/Certified True Copy of the Clinical / Medical Abstract • Original/Certified True Copy of the Treatment Protocol (for chemotherapy) • Original copy of Quotation from three(3) qualified suppliers • Photocopy of Valid ID (patient and disperset)	Office/Department/Division:	Branch Offices
Who May Avail: Patient or duly authorized representative Availability of Service Mondays to Fridays, 8:00am to 5:00pm CHECKLIST OF REQUIREMENTS S:00pm Original Statement of Account WHERE TO SECURE Documentary Requirements: Medical Facilities / Institutions Confinement PCSO Updated and Original/Certified True Copy of the Clinical / Medical Abstract/ Discharge Summary Medical Facilities / Institutions Copy of the Valid ID of the patient and representative, if applicable PCSO MAP Application Form Unified Intake Sheet (for Malasakit Center Patients) Chemotheraphy Medicines Medical Certificate and Prescription (issued by the same doctor) Updated and Original/Certified True Copy of the Clinical / Medical Abstract Original/Certified True Copy of the Clinical / Medical Abstract Original/Certified True Copy of the Treatment Protocol (for chemotherapy) Original copy of Quotation from three(3) qualified suppliers Photocopy of Valid ID (patient and	Classification:	Complex
representativeAvailability of ServiceMondays to Fridays, 8:00am to 5:00pmAvailability of ServiceMondays to Fridays, 8:00am to 5:00pmCHECKLIST OF REQUIREMENTSWHERE TO SECURE• Original Statement of Account• PCSODocumentary Requirements: Confinement• WHERE TO SECURE• Updated and Original/Certified True Copy of the Clinical / Medical Abstract/ Discharge Summary• PCSO• Copy of the Valid ID of the patient and representative, if applicable• Suppliers• PCSO MAP Application Form• Unified Intake Sheet (for Malasakit Center Patients)Chemotheraphy Medicines• Medical Certificate and Prescription (issued by the same doctor)• Updated and Original/Certified True Copy of the Clinical / Medical Abstract• Original/Certified True Copy of the Treatment Protocol (for chemotherapy)• Original copy of Quotation from three(3) qualified suppliers• Photocopy of Valid ID (patient and	Type of Transaction:	Government to Citizens (G2C)
Availability of ServiceMondays to Fridays, 8:00am to 5:00pmCHECKLIST OF REQUIREMENTS • Original Statement of AccountWHERE TO SECUREDocumentary Requirements: Confinement • Updated and Original/Certified True Copy of the Clinical / Medical Abstract/ Discharge Summary • Copy of the Valid ID of the patient and representative, if applicable • PCSO MAP Application Form • Unified Intake Sheet (for Malasakit Center Patients)• PCSO • Medical Certificate and Prescription (issued by the same doctor) • Updated and Original/Certified True Copy of the Clinical / Medical Abstract • Original/Certified True Copy of the Clinical / Medical Abstract • Original copy of Quotation from three(3) qualified suppliers • Photocopy of Valid ID (patient and	Who May Avail:	
5:00pm S:00pm WHERE TO SECURE Original Statement of Account Documentary Requirements: Confinement Updated and Original/Certified True Copy of the Clinical / Medical Abstract/ Discharge Summary Medical Facilities / Institutions Copy of the Valid ID of the patient and representative, if applicable Suppliers PCSO MAP Application Form Unified Intake Sheet (for Malasakit Center Patients) Chemotheraphy Medicines Medical Certificate and Prescription (issued by the same doctor) Updated and Original/Certified True Copy of the Clinical / Medical Abstract Original copy of Quotation from three(3) qualified suppliers Photocopy of Valid ID (patient and		
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three(3) qualified suppliersPhotocopy of Valid ID (patient and		
Photocopy of Valid ID (patient and	o 13	
,	claimant)	
PCSO MAP Application Form		
Dialysis Medicines	Dialysis Medicines	
Medical Certificate and Prescription		
(issued by the same doctor)		
Original copy of Quotation from		
	three(3) qualified suppliers	



- Updated and Original/Certified True Copy of the Clinical / Medical Abstract
- Photocopy of Valid ID (patient and claimant)
- PCSO MAP Application Form
- Unified Intake Sheet (for Malasakit Center Patients)
- Copy of certification on the number of sessions availed from Philhealth

Radiation Procedure

- Medical Certificate and Prescription (issued by the same doctor)
- Original copy of Quotation from qualified suppliers
- Copy of Certification on the number of sessions availed from Philhealth (for hemodialysis and radiation)
- Photocopy of Valid ID (patient and claimant)
- PCSO MAP Application Form
- Unified Intake Sheet (for Malasakit Center Patients)

Laboratory, Diagnostic & Imaging Procedures

- Medical Certificate and Prescription/doctor's request (issued by the same doctor)
- Original copy of Quotation from facility/qualified suppliers
- Photocopy of Valid ID (patient and claimant)
- PCSO MAP Application Form
- Unified Intake Sheet (for Malasakit Center Patients)

Orthopedic (bone) implant and Medical Devices

- Medical Certificate and Prescription/doctor's request (issued by the same doctor)
- Original copy of Quotation from three (3) different suppliers that accept PCSO GL
- Schedule of operation as certified by the attending physician
- Photocopy of Valid ID (patient and claimant)



 Unified Intak Center Patie Catastrophic II Original or C Clinical or M Certification transplant) Certification for pHilhealt transplant / C Graft) Valid ID of th next of kin, i PCSO MAP Unified Intak 	Center Patients) Catastrophic Illness Original or Certified True Copy of the Clinical or Medical abstract Certification that patient is due for translant (for kidney and liver transplant) Certification that patient did not qualify for pHilhealth Z-benefit (for kidney transplant / Coronary Artery Bypass Graft) Valid ID of the patient and valid ID of next of kin, if applicable. PCSO MAP Application Form			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
Submits Statement of Account (SOA) and the documentary requirements	Receives, check and verifies the original SOA and completeness of the documentary requirements	None	30 minutes	Branch Social Welfare Officer (SWO)/ Designated Personnel
	 Receives SOA from the SWO / designated personnel. Checks the completeness of the documentary requirements attached to the SOA. Prepares the Disbursement Voucher (DV) Endorses the DV to the following: Branch Branch A Accountant Branch ODM B and Accountant C 	None	30 minutes (Branch A) 14 working days (Branch B and C)	Bookkeeper/ Designated personnel



 Branch A Reviews and certifies correctness of the DV, completeness of the DV, completeness of the documentary requirements and availability of funds. Signs Box A of the DV Submits summary report of the total amount of budget utilization to the ODM If Php 50,000.00 and below, certifies the availability of fund (with authority from the ODM Budget Officer) endorses to the Branch Manager for approval. If above Php 50,000.00, endorses to the ODM for processing of DV 	None	1 hour	Branch A - Branch Accountant
 Branches B and C Reviews and certifies correctness of the DV, completeness of the documentary requirements, and availability of funds. Signs Box A of the DV Endorses to the Budget Officer / designated personnel for BUS preparation. 	None	1 hour from receipt of DV from Branch Office B and C Turnaround time of transit of documents is 14 days	Branch B and C – Accountant III/IV of the Office of the Department Manager (ODM)
 For Branch B and C Prepares Budget Utilization Slip (BUS) for the Certifies fund availability Endorses DV for approval 	None	2 hours	ODM Budget Officer



Amount Up to Php 1 Million Pesos Up to	Approver of DV Assistant General Manager Department	None	1 working day	 Assistant General Manager Department Managers Branch Managers / Heads
₱100K Up to ₱50K	Manager Branch Manager / Heads			
 its supp docume signed a Prepare to the co branch of 	if all DVs and orting ents are duly and approved es transmittal oncerned office for of the courier	None	14 working days (including transit time)	ODM Designated Personnel
 Prepare paymen concern medical institutio Endorse the Brar 	es check for at to the ed hospitals / facilities or ons es check to nch Manager / Head for	None	2 hours	Branch Cashier / Designated Personnel
Signs the c payment to concerned medical fac institutions	heck for the hospitals /	None	1 hour	Branch Manager/ Branch Head/ Designated Officer
othe appl mes	silities or of the of check following rvice: message or r messaging ication (Viber, senger, atsApp etc)	None	1 working day	Branch Cashier / Designated Personnel





Receives check from PCSO and issues Official	 (3) Personal service of notice Releases check to the representative from the hospital, health facilities / institutions 	None	2 hours	Cashier
Receipt				
	TOTAL	None	45 working days	





3. PROCESSING OF PAYMENT OF PRIZE CLAIM FOR JACKPOT PRIZES

Stage 1: Accounting and Budget Department (ABD) / Prize Fund Division (2 hours and 50 minutes)

Processing and Preparation of Disbursement Voucher

This involves the procedural steps in processing of disbursement vouchers (DVs) of prize claim for jackpot until the transmittal (release of DVs) to Treasury Department for check payment preparation.

Office/Dept./Division:	Management Services Sector, Accounting and Budget Department				
	(ABD)/Prize Fund Division				
Classification:	Simple				
Type of Transaction:	G2C	for look at			
Who may avail:	Winners of PCSO games				
	REQUIREMENTS	WHERE TO SECURE			
Principal-	Any two (2) of the				
holder/owner:	following acceptable valid Identification				
1. Winning ticket/s in	Documents (ID's)				
good condition and;	1. National ID	1. Philippine Statistics Authority (PSA)			
2. Two (2) Valid Identification Documents (ID's)	2. Alien Certificate of Registration	2. Department of Foreign Affairs (DFA) office			
	3. Barangay ID	3. Barangay Hall/offices			
Representative:	4. Employment ID	4. Office/Company where employed			
1. Winning ticket/s in good condition;	5. Driver's License	5. Land Transportation Office (LTO)			
2. Two (2) valid ID's of person being	6. DSWD-4Ps	 Department of Social Welfare and Development (DSWD) office 			
represented;	7. AFP/PNP	7. AFP/PNP office			
3. Two (2)) valid ID's of authorized representative; and	8. Pag-IBIG Loyalty Card	8. Home and Development Mutual Fund (PAG-IBIG) office			
4. SPA (Special Power of Attorney)	9. GSIS e-card	9. Government Service Insurance System (GSIS) office			
or LOA (Letter of Authority)	10.IBP ID	10. Integrated Bar of the Philippines office			
Note: All	11.NBI ID/Clearance	11. National Bureau of Investigation office			
requirements should be original.	12.OWWA ID	12.OWWA office			





13. Phil Health card	13. Phil Health office
14. Police Clearance Certificate	14.City Hall
15.Postal ID	15. Post Office
16.PRC ID	16. Professional Regulation Commission (PRC) office
17. Senior Citizen's Card	17.Senior Citizen's Affairs Office/Barangay hall
18.SSS ID Card	18. Social Security System office
19. TIN ID (BIR)	19. Bureau of Internal Revenue Offices
20. UMID	20. Government Service Insurance System/SSS
21. Passport-Philippine or Foreign	21. Department of Foreign Affairs office (DFA)
22. Voter's ID	22. Commission on Election (COMELEC) Office
23. NCWDP ID	23. National Council for Welfare of Disabled Person (NCWDP) office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 1.1. Fill up Winner's Profile Form located outside the validation window with the following details: (window #1) ✓ Name ✓ Address ✓ Date of Birth ✓ Occupation ✓ TIN 1.2. Write full name and affixes signature at the back of the original winning	 1.1. Instruct the winner to fill up Winner's Profile Form located outside the validation windows with the following details: ✓ Name ✓ Address ✓ Date of Birth ✓ Occupation ✓ TIN 1.2. Instruct the claimant to write his/her full name and affix signature at the back of the ticket/s. 	None	10 minutes	Guard on duty on duty at the 2 nd Floor Sun Plaza Bldg.





	ticket. (window #				
	1);				
2.	Present the ticket/s and two (2) valid IDs together with the Winner's Profile Form to the staff at the window #1.	 2.1. Accept the winning ticket/s. 2.2. Assign queueing number for the transaction (to be collected by Treasury Department; Prioritize Senior Citizen, Pregnant Women, PWDs). 	None	15 minutes	Staff/Personnel Prize Fund Division
		 2.3. Check ticket for any signs of non-compliance: ✓ Mutilation (torn tickets, signs that it has been exposed to heat, water, oil). ✓ Tampering ✓ Illegibility 			
		For any non- compliance detected: rejects the claim or refer to Gaming and Technology Department for technical issues; and later to Legal Department for fraudulent tickets.			
		If compliant: Secure two valid ID's from claimants for comparison of signature vis-à-vis ID's and Winner's Profile Form presented.			
		2.4 Proceed with ticket validation procedure by inserting the winning ticket in the			



		validation machine.	I		
		Validation machine. Validation can be done mechanically or manually;			
		2.5 Endorse validated winning tickets to Division Chief / Assistant Division Chief together with the Jackpot winner inside the department. (for security reason).			
3.	Proceed to the Division Chief.	3.1 Encode winner/ claimant's personal information and prize claim details and prepare the Disbursement Voucher (DV).	None	35 minutes	Division Chief/ Assistant DC Prize Fund Division
		3.2 Photocopy the winning ticket, prize claim receipt and IDs.			
		3.3 Submit complete documents together with the winning ticket, prize claim receipt and photocopy of IDs to the Department Manager for approval of DV (Box A and B).			
4.	Proceed to the Department Manager, as escorted by Prize Fund Division DC/Staff.	4.1 Review transmitted data vis-a vis validated ticket/s, valid ID's and winner's profile form.	None	30 minutes	Department Manager (ABD)
		4.2 Approve Disbursement Voucher (Box A & B).			





5.1. Receive/accept two (2) valid ID's.	5.1. Return two (2) ID's of the winner.	None	5 minutes	Division Chief/ Assistant DC Prize Fund
5.2. Accept chips for Customer Satisfaction Survey (CSS).	5.2. Provide chips (happy or sad) for services availed after completed transaction. The chips for happy or sad together with the form for comments and suggestions if any will be collected by Treasury Dept. before the start of the next business day			Division
5.3. Affix signature on the photocopies of prize claim document.	5.3. Request the winner to affix signature on the photocopies of prize claim documents.			
	5.4. Provide winner photocopies of original documents with original copy of 2306.			
6. Await approval of DV.	 6.1. Print transmittal report. 6.2. Forward original prize claim documents to authorized signatories for approval of Disbursement Voucher (Box C). 	None	10 minutes	Division Chief/ Assistant DC Prize Fund Division
7. Await approval of DV.	7. Approve/sign processed DV.	None	1 hour	General Manager/ Alternate signatory as follows: AGM for GPDMS AGM for BOS AGM for MSS



				 AGM for Admin Sector AGM for Charity
 Proceed to Treasury Department 	 Forward documents in a sealed envelope to Treasury Department together with the jackpot winner for check processing. 	None	5 minutes	Division Chief/ Assistant DC Prize Fund Division
	Sub - Total	None	2 hours and 50 minutes	

DISCLOSURE STATEMENTS:

- 1. The duration of activity is based on normal/regular circumstances.
- 2. Prizes are paid to validated winning tickets only. Holders/claimants of altered or forged tickets will be subjected to criminal prosecution.
- 3. All prizes above P10,000.00 are paid in checks, net of 20% final tax, as prescribed by RA 10963 or the Tax Reform Acceleration and Inclusion (TRAIN) Law.
- 4. Prizes must be claimed within 1 year from date of winning, otherwise these shall be forfeited.
- 5. PCSO observes **NO NOON BREAK** policy in catering to prize claims, from 8:15 AM to 4:30 PM, Monday to Friday.

Stage 2: Treasury Department (4 hours)

Payment of Prize Claim for Jackpot Prize

This process starts from the time the ABD staff forwarded the approved Disbursement Voucher with complete documents up to the release of check for the payment of prize claim for Jackpot Prize/s of PCSO Games.

Office/Department/Division:	Administrative Sector, Treasury Department, Prize Fund			
	Division			
Classification:	Simple			
Type of Transaction:	Government to Cl	ient (G2C)		
Who May Avail:	PCSO Jackpot Pr	ize Winners		
CHECKLIST OF REQUI	REMENTS	WHERE TO SECURE		
 (Received in sealed envelope) 1. Prize Claim Processing Slip (original copy) 2. Validated Tickets (original copy) 3. Photocopy of 2 Valid ID's and validated tickets (1 copy) ✓ National ID ✓ Alien Certificate of Registration 		Accounting and Budget Department (ABD)		



Tick app		from VisMin Data Center,	if FEES TO	PROCESSING	PERSON
 ✓ ✓	Driver's License DSWD-4Ps AFP/PNP HDMF (PAG-IB GSIS e-card IBP ID NBI ID/Clearand OWWA ID Philhealth card Police Clearand Police Clearand Postal ID PRC ID Senior Citizen's SSS ID Card TIN ID (BIR) UMID Passport-Philipp Voter's ID NCWDP ID	e IG) ce ce Certificate Card oine or Foreign	if		
	Barangay ID Employment ID				

CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Proceed to the Division Chief of the Prize Payment Division as escorted by the ABD Division Chief. 	 1.1. Receive documents in a sealed envelope from the Division Chief (DC) of Accounting and Budget Department (ABD). 1.2. Check the presence of the following: > Duly processed and signed Disbursement Voucher (DV). > Supporting documents: 	None	10 minutes	Division Chief



	1			
	 Validated winning tickets duly signed at the back by the winner; Prize Claim receipt; Declaration of Validated Winning Ticket/Confirma tion from Vismin Data Center (if applicable); Photocopies of two (2) valid IDs of the winner; In case the prize is to be laimed by an authorized representative, a notarized Special Power of Attorney (SPA) & 2 valid IDs of the representative and Jackpot Winner must be submitted. 			
2. Answer the profile questions and sign the profile form after the interview.	 2.1. Interview the Jackpot winner for profiling. 2.2. Accomplish Winner's Profile Form. 2.3. Sign accomplished Winner's Profile Form. 2.4. Forward Winner's Profile Form to 	None	30 minutes	Division Chief
	Technical Assistant of Treasury Department (TD) for safekeeping.			





3. Await while the document is being processed.	3. Print Disbursement Voucher and Check	None	30 minutes	Cashier II
	3.1. Review DV by comparing details vs supporting documents against the data encoded by ABD.			
	Review and approve transaction in the system for check assignment (reject transaction if there are corrections), record the rejected documents in the logbook and return to the originating department (ABD);			
	 3.2. Assign check number; 3.3. Print Disbursement Voucher; 			
	 3.4. Review the encoded details on check. Print prize check with the following: > Date of check; > Name of payee (winner) > Amount of prize 			





4. Await while the document is being processed.	 4.1. Review and verify correctness of data encoded in the prize check vs DV. 4.2. Affix initial on the check. 4.3. Forward the check 	None	20 minutes	Division Chief/ Designated alternate of the DC
	to the signatories.			
5. Await while the document is being processed.	 Sign the check manually as co- signatory. 	None	30 minutes	Department Manager/AGM for Administrative Sector as alternate signatory
6. Affix thumbmarks on the DV and sign in the DV, acknowledgement portion of the prize check and Jackpot winner's logbook.	 6.1. Take the winner's thumbmarks and sign in the DV, acknowledgement portion of the prize check and Jackpot winner's logbook. 6.2. Escort the winner to 	None	10 minutes	Division Chief Department Manager
	the Office of the General Manager or his/her alternate signatory.			
7. Proceed to the Office of the General Manager or his/her alternate signatory as escorted by the Treasury Department Division Chief.	 7. Sign the check manually as principal signatory 	None	1 hour 30 minutes	General Manager/ Alternate Signatories: 1. AGM-GPDMS 2. AGM-BOS 3. AGM-BOS 3. AGM-MSS 4. AGM-ADMIN 5. AGM- CHARITY
8.1. Photo opportunity with the General Manager/or his alternate signatory.	8.1. Take the photo of the winner with the GM/or his alternate signatory.	None	15 minutes	General Manager/ Alternate Signatories: 1. AGM-GPDMS 2. AGM-BOS 3. AGM-BOS 4. AGM-MSS 4. AGM-ADMIN 5. AGM- CHARITY
				Division Chief/





8.2. Receive the prize check	8.2. Release the prize check.			Designated alternate of the DC
 9.1 Drop the chip to "Happy-Sad Face" box for CSS. 9.2 The claimant takes the CSM survey. 	CSS.	None	5 minutes	Division Chief
	Sub - Total	None	4 hours	
TOTAL NO. OF HOUR	RS FOR THE WHOLE PRO	DCESS	1 working day	

DISCLOSURE STATEMENT:

- 1. The duration of activity is based on normal/regular circumstances.
- 2. PCSO observes NO NOON BREAK policy in catering to prize claims, from 8:00 AM to 5:00 PM Monday to Friday.

PHILIPPINE CHARITY 🦣 SWEEPSTAKES OFFICE



4. PROCESSING OF PAYMENT OF PRIZE CLAIM ABOVE ₱10,000.00 UP TO ₱60,000.00 (GROSS PRIZE)

Stage 1: Accounting and Budget Department (ABD) /Prize Fund Division and OAGM for Management Services Sector (50 minutes)

Processing and Preparation of Cash Payment

This involves the procedural steps in processing of prize claim above P10, 000.00 up to Php 60,000.00 to Treasury Department for cash payment.

Office/Dept./Division:	Management Services Sector, Accounting and Budget Department (ABD)/Prize Fund Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Winners of PCSO games up to Php 60,000.00.	s with prizes above Php 10,000.00		
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
Principal-	Any two (2) of the			
holder/owner:	following acceptable			
1. Winning ticket/s in good condition and;	valid Identification Documents (ID's)			
2. Two (2) Valid	1. National ID	 Philippine Statistics Authority (PSA) 		
Identification Documents (ID's)	 Alien Certificate of Registration 	 Department of Foreign Affairs (DFA) office 		
Representative:	3. Barangay ID	3. Barangay Hall/offices		
 Winning ticket/s in good condition; 	4. Employment ID	 Office/Company where employed 		
2. Two (2) valid ID's of person being	5. Driver's License	5. Land Transportation Office (LTO)		
represented;	6. DSWD-4Ps	6. Department of Social Welfare		
 Two (2) valid ID's of authorized representative; 		and Development (DSWD) office		
4. SPA (Special Power of Attorney)	7. AFP/PNP	7. AFP/PNP office		





		9 Home and Development
or LOA (Letter of Authority)	8. Pag-IBIG Loyalty Card	 Home and Development Mutual Fund (PAG-IBIG) office
Note: All requirements should	9. GSIS e-card	9. Government Service Insurance System (GSIS) office
be original.	10.IBP ID	10. Integrated Bar of the Philippines office
	11.NBI ID/Clearance	11. National Bureau of Investigation office
	12.OWWA ID	12.OWWA office
	13. Phil Health card	13. Phil Health office
	14. Police Clearance Certificate	14.City Hall
	15.Postal ID	15. Post Office
	16.PRC ID	16. Professional Regulation Commission (PRC) office
	17. Senior Citizen's Card	17.Senior Citizen's Affairs Office/Barangay hall
	18.SSS ID Card	18. Social Security System office
	19.TIN ID (BIR)	19. Bureau of Internal Revenue Offices
	20. UMID	20. Government Service Insurance System/SSS
	21. Passport- Philippine or Foreign	21.Department of Foreign Affairs office (DFA)
	22.Voter's ID	22. Commission on Election (COMELEC) Office
	23.NCWDP ID	23. National Council for Welfare of Disabled Person (NCWDP) office



PHILIPPINE CHARITY 🌀 SWEEPSTAKES OFFICE

		FEES		
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 1.1. Fill up Winner's Profile Form located outside the validation window with the following details: (window #1) ✓ Name ✓ Address ✓ Date of Birth ✓ Occupation ✓ TIN 1.2. Write full name and affixes signature at the back of the original winning ticket. (window # 1); 	 winner to fill up Winner's Profile Form located outside the validation windows with the following details: ✓ Name ✓ Address ✓ Date of Birth ✓ Occupation ✓ TIN 1.2. Instruct the	None	20 minutes	Guard on duty at the 2 nd Floor Sun Plaza Bldg.
2. Present the ticket/s and two (2) valid IDs together with the Winner's Profile Form to the staff, at the window #1.	 2.1. Accept the winning ticket. 2.2. Assign queueing number for the transaction to be collected by the Treasury Department upon cash payment. (Give priority to Senior Citizen, Pregnant Women, PWDs) 2.3. Check ticket for any signs of non-compliance: ✓ Mutilation (torn tickets, signs that it has been exposed to heat, water, oil). 	None	15 minutes	Staff/Personnel PRIZE FUND DIVISION



 ✓ Tampering ✓ Illegibility For any non-compliance detected: rejects the claim or refer to Gaming and Technology Department for technical issues and later to Legal Department for fraudulent claims. 	
If compliant: Secure two valid ID's from claimants, check if the information from the ID's are exactly the same, compare the signature of winning ticket vis- à-vis ID and Winner's Profile Form presented.	
2.4. Proceed with ticket validation procedure by inserting the winning ticket in the validation machine.	
2.5. Instruct the winner/claimant to sit at the designated waiting area.	
2.6. Forward the complete documents to assigned personnel for processing.	



3. Remain seated at the		None	10 minutes	Division Chief/ Asst. Division
designated waiting area while the prize claim is being processed.	validity of claims for ticket presented vis-			Chief PRIZE FUND DIVISION
	3.2 Encode winner/claimant's personal information and prize claim details in the database.			
	3.3 Sign the reviewed ticket/s as a proof of approval for payment and label with letter in the lower right of the ticket/s			
	3.4 Print BIR Form 2306 for 20% Final tax for claimant signature. Forward the copy to Treasury Department.			
	3.5 Return the complete documents to the assigned personnel.			
4.1. Sign logbook.	4.1. Record transaction in a logbook and instruct the claimant/winne r to sign.	None	4 minutes	Staff/Personnel Prize Fund Division
 4.2. Receives the following: ✓ Validated winning ticket/s ✓ 2 valid ID's 	4.2. Return the following documents and instruct the claimant/ winner to check the			



DISCLOSURE STATEMENTS:

- 1. The duration of activity is under normal circumstances.
- 2. Prizes are paid to validated winning tickets only. Holders/claimants of altered or forged tickets will be subjected to criminal prosecution.
- 3. All gross prizes above P60,000.00 are paid in checks, net of 20% final tax, as prescribed by RA 10963 or the Tax Reform Acceleration and Inclusion (TRAIN) Law.
- 4. Prizes must be claimed within 1 year from date of winning, otherwise these shall be forfeited.
- 5. PCSO observes NO NOON BREAK policy in catering to prize claims, from 8:15 AM to 4:30 PM, Monday to Friday.







Stage 2: Treasury Department (25 minutes)

Payment in Cash of Prize Claims of High Tier Prizes above Php10,000.00 up to Php 60,000.00

Prize/s of PCSO Games above Php 10,000.00 up to Php 60,000.00 are payable in cash. Claimants/winners may claim their cash prizes from the Treasury Department of the PCSO Main Office.

Office/Department/Division:	Treasury D	Department (TD) / Prize Payment Division
lassification:	Simple	
Type of Transaction:	Governme	nt to Client (G2C)
Who May Avail:		nes High Tier Prize Winners (above 0 up to Php 60,000.00
CHECKLIST OF REQUIRE	MENTS	WHERE TO SECURE
1. Prize Claim Processing Slip copy)	(original	Accounting and Budget Department (ABD)
2. Validated tickets (original co photocopy)	py and 1	Accounting and Budget Department (ABD)
3. Disbursement Voucher (DV)		To be printed by TD from the Computerized Accounting System (CAS)
 4. 2 valid IDs (original and photocopies) National ID Alien Certificate of Registration Barangay ID Employment ID Driver's License DSWD-4Ps AFP/PNP HDMF (PAG-IBIG) GSIS e-card IBP ID NBI ID/Clearance OWWA ID Philhealth card Police Clearance Certificate Postal ID PRC ID Senior Citizen's Card 		Claimant and ABD



_ √	SSS ID Card
\checkmark	´ TIN ID (BIR)
\checkmark	ÚMID
\checkmark	Passport-Philippine or Foreign
\checkmark	Voter's ID
\checkmark	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
2. Present winning ticket, prize claim receipt validated by the Accounting and Budget Department (ABD) and valid ID to the Prize Fund Disbursement Division (Window 5 of the Treasury Department)	 Receive validated winning ticket from the claimant and check the presence of the following: a. Validated winning ticket/s duly signed at the back by the winner; b. Prize claim receipt duly signed at the back by ABD staff; c. Valid IDs. 		5 minutes	Disbursing Officer
2.1. Receive cash prize payment from Disbursing Officer.	2.1. Pay the winner if all items under Item no.1 above are in order.	None	10 minutes	Disbursing Officer
2.2. Count the money before leaving the counter.	2.2. Request the winner to count the money before leaving the counter.			
2.3. Sign the Log Book as proof of payment.	2.3 Request the winner to sign the logbook to acknowledge			





TOTAL NO. OF HOURS FOR THE WHOLE PROCESS			1 HOUR 15 MINUTES	
	Sub - total	None	25 minutes	
3.2 The claimant takes the CSM survey.	3.2 Request the claimant to take the CSM survey.			
3.1 Drop the chip to "Happy-Sad Face" box for CSS.	3.1 Collect the chips from the "Happy- Sad Face" box for CSS.		10 minutes	Disbursing Officer
	receipt of payment and release the BIR form 2306.			

DISCLOSURE STATEMENT:

- 1. The duration of activity is based on normal/regular circumstances.
- 2. PCSO observes NO NOON BREAK policy in catering to prize claims, from 8:00 AM to 5:00 PM Monday to Friday.

PHILIPPINE CHARITY 🦃 SWEEPSTAKES OFFICE



5.PROCESSING OF PAYMENT OF PRIZE CLAIM ABOVE ₱60,000.00 EXCEPT **JACKPOT (HIGH-TIER)**

Stage 1: Accounting and Budget Department (ABD) /Prize Fund Division and OAGM for Management Services Sector (2 hours and 10 minutes)

Processing and Preparation of Disbursement Voucher (DV)

This involves the procedural steps in processing of disbursement vouchers (DVs) of prize claim above P60, 000.00 except jackpot until the transmittal (release of DVs) to Treasury Department for check payment preparation.

Office/Dept./Division:	Management Services Sector, Accounting and Budget Department (ABD)/Prize Fund Division				
Classification:	Simple				
Type of Transaction:	G2C				
Who may avail:	Winners of PCSO games except Jackpot.	s with prizes above Php 60,000.00			
	REQUIREMENTS	WHERE TO SECURE			
Principal- holder/owner: 1. Winning ticket/s in	Any two (2) of the following acceptable valid Identification Documents (ID's)				
good condition and; 3. Two (2) Valid Identification	24. National ID	24. Philippine Statistics Authority (PSA)			
Documents (ID's)	25. Alien Certificate of Registration	25. Department of Foreign Affairs (DFA) office			
Representative:	26. Barangay ID	26. Barangay Hall/offices			
 Winning ticket/s in good condition; 	27. Employment ID	27.Office/Company where employed			
6. Two (2) valid ID's of person being	28. Driver's License	28.Land Transportation Office (LTO)			
represented; 7. Two (2) valid ID's of authorized representative;	29. DSWD-4Ps	29. Department of Social Welfare and Development (DSWD) office			
8. SPA (Special Power of Attorney)	30. AFP/PNP	30.AFP/PNP office			





or LOA (Letter of Authority)	31.Pag-IBIG Loyalty Card	31. Home and Development Mutual Fund (PAG-IBIG) office
Note: All requirements should be original.	32.GSIS e-card	32. Government Service Insurance System (GSIS) office
be original.	33.IBP ID	33. Integrated Bar of the Philippines office
	34.NBI ID/Clearance	34. National Bureau of Investigation office
	35.OWWA ID	35.OWWA office
	36. Phil Health card	36. Phil Health office
	37. Police Clearance Certificate	37.City Hall
	38. Postal ID	38. Post Office
	39. PRC ID	39. Professional Regulation Commission (PRC) office
	40. Senior Citizen's Card	40. Senior Citizen's Affairs Office/Barangay hall
	41.SSS ID Card	41. Social Security System office
	42. TIN ID (BIR)	42.Bureau of Internal Revenue Offices
	43. UMID	43. Government Service Insurance System/SSS
	44. Passport- Philippine or Foreign	44. Department of Foreign Affairs office (DFA)
	45. Voter's ID	45.Commission on Election (COMELEC) Office
	46.NCWDP ID	46. National Council for Welfare of Disabled Person (NCWDP) office



PHILIPPINE CHARITY 🌀 SWEEPSTAKES OFFICE

		FEES		
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 1.3. Fill up Winner's Profile Form located outside the validation window with the following details: (window #1) ✓ Name ✓ Address ✓ Date of Birth ✓ Occupation ✓ TIN 1.4. Write full name and affixes signature at the	 2.7. Instruct the winner to fill up Winner's Profile Form located outside the validation windows with the following details: ✓ Name ✓ Address ✓ Date of Birth ✓ Occupation ✓ TIN 2.8. Instruct the claimant to write his/her full name 	None	20 minutes	Guard on duty at the 2 nd Floor Sun Plaza Bldg.
back of the original winning ticket. (window # 1);	and affix signature at the back of the ticket/s.			
 Present the ticket/s and two (2) valid IDs together with the Winner's Profile Form to the staff, at the window #1. 	 3.1. Accept the winning ticket. 3.2. Assign queueing number for the transaction to be collected by the Treasury Department upon release of check. (Give priority to Senior Citizen, Pregnant Women, PWDs) 3.3. Check ticket for any signs of non-compliances: ✓ Mutilation (torn tickets, signs that it has been exposed to heat, water, oil). 	None	15 minutes	Staff/Personnel PRIZE FUND DIVISION



✓ Tampering✓ Illegibility	
For any non- compliance detected: rejects the claim or refer to Gaming and Technology Department for technical issues and later to Legal Department for fraudulent claims.	
If compliant: Secure two valid ID's from claimants for comparison of signature of winning ticket vis- à-vis ID and Winner's Profile Form presented.	
3.4. Proceed with ticket validation procedure by inserting the winning ticket in the validation machine.	
Note: For scratch tickets: Complete documents with validated ticket are submitted for request for payment (RFP) processing of Disbursement Voucher (DV).	
3.5. Instruct the winner/claimant to sit at the designated waiting area.	





		3.6. Forward the complete documents to assigned personnel for processing of prize claim Disbursement Voucher (Request for payment-as needed).			
4.	Remain seated at the designated waiting area while the prize claim is being processed.	 3.1. Encode winner/claimant's personal information and prize claim details and prepare the Disbursement Voucher (DV). 3.2 Submit DV to Division Chief for approval. 	None	20 minutes	Staff/Personnel PRIZE FUND DIVISION
4.	Remain seated at the designated waiting area.	 4.1 Review and verify the correctness of the encoded name, prize details, accounting codes and accuracy of amount in the transmitted DV vis-a vis validated ticket/s, valid ID's and winner's profile form and approve DV (Box A & B). ✓ Above P60,000.00 up to P500,000.00 	None	10 minutes	Division Chief/ /Asst. DC.(PFD/ABD) Department Manager-ABD Division Chief/ OIC DC/Asst. DC.(PFD/ABD) Department Manager-ABD





	 ✓ Above P500, 000.00 including Jackpot. 4.2 Approve Disbursement Voucher (A&B) 			Department Manager-ABD
5.1. Await for the queuing number/name of the claimant to be called;	5.1. Photocopy the winning ticket, prize claim receipt and IDs;	None	10 minutes	Staff/Personnel Prize Fund Division
5.2. Receive/accept two (2) valid ID's;	5.2. Return two (2) ID's of the winner;			
5.3. Accept chips for CSS (Customer Satisafction Survey).	5.3. Provide chips for CSS (happy or sad) for services availed after completed transaction. The chips will be collected and tabulated by the Treasury Department at the start of the next business day.			
5.4. Affix signature on the photocopies of prize claim documents (Window # 2). Remain seated at the designated waiting area.	5.4. Request the winner to affix signature on the photocopies of prize claim documents. Advise claimant to remain seated at the designated waiting area.			
6. Remain seated at the designated waiting area and await for the	6.1. Print transmittal report.	None	10 minutes	Staff/Personnel Prize Fund Division



Queueing Number to be called.	6.2. Forward original prize claim documents to authorized signatories for approval of DV (Box C).			
7. Remain seated at the designated waiting area and await for the Queueing Number to be called.	 7. Approve/sign processed DV. ✓ Above P500, 000.00 including Jackpot. 	None	30 minutes	ABD Department Manager / Assistant General Manager – MSS or his alternate signatory
8. Remain seated at the designated waiting area and await for the Queueing Number to be called.	 8.1 Forward complete documents to Treasury Department for processing of check. 8.2 Inform the winner that his/her prize claim documents are already forwarded to Treasury Department for check processing. 	None	5 minutes	Staff/Personnel Prize Fund Division
	Sub - total	None	2 hours and 10 minutes	

DISCLOSURE STATEMENTS:

- 1. The duration of activity is under normal circumstances.
- 2. Prizes are paid to validated winning tickets only. Holders/claimants of altered or forged tickets will be subjected to criminal prosecution.
- 3. All gross prizes above P60,000.00 are paid in checks, net of 20% final tax, as prescribed by RA 10963 or the Tax Reform Acceleration and Inclusion (TRAIN) Law.

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- **4.** Prizes must be claimed within one year from date of winning, otherwise these shall be forfeited.
- 5. PCSO observes NO NOON BREAK policy in catering to prize claims, from 8:15 AM to 4:30 PM, Monday to Friday.
- 6. The processing timeline of ABD is one (1) working hour and twenty-five (25) minutes from filling-up of Winner's Profile Form of then claimant up to the preparation of Transmittal of Processed DVs (Steps 1-6). The activity in Step 7, which has a different timeline, is purposely included herein to show the complete cycle of DV processing prior to the preparation of check.

Stage 2: Treasury Department (3 hours and 25 minutes)

Payment of Prize Claims by Checks (High-Tier)

This process starts from the time the ABD staff forwarded the approved Disbursement Voucher with complete documents up to the release of check for the payment of prize claim.

Office/Department/Division:	Treasury Department (TD) / Prize Payment Division			
Classification:	Simple			
Type of Transaction:	Governme	nt to Client (G2C)		
Who May Avail:	PCSO Games High Tier Prize Winners (above Php60,000.00 except Jackpot)			
CHECKLIST OF REQUIRE	MENTS	WHERE TO SECURE		
5. Prize Claim Processing Slip copy)	(original	Accounting and Budget Department (ABD)		
 Validated tickets (original copy and 1 photocopy) 		Accounting and Budget Department (ABD)		
7. Disbursement Voucher (DV)		To be printed by TD from the Computerized Accounting System (CAS)		
 8. 2 valid IDs (original and phot ✓ National ID ✓ Alien Certificate of Reg ✓ Barangay ID ✓ Employment ID ✓ Driver's License ✓ DSWD-4Ps ✓ AFP/PNP 		Claimant and ABD		



✓ HDMF (PAG-IBIG)	
✓ GSIS e-card	
✓ IBP ID	
✓ NBI ID/Clearance	
✓ OWWA ID	
✓ Philhealth card	
✓ Police Clearance Certificate	
✓ Postal ID	
✓ PRC ID	
✓ Senior Citizen's Card	
✓ SSS ID Card	
✓ TIN ID (BIR)	
✓ UMID	
 Passport-Philippine or Foreign 	
✓ Voter's ID	
✓ NCWDP ID	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
 Remain seated at the designated waiting area and await for the Queueing Number to be called. 	 Receive the original and complete prize claim documents from ABD Staff and check the presence of the following: Prize Claim Processing Slip (PCPS); Validated winning ticket duly signed at the back by the winner/claima nt Prize pay receipt; Signed photocopies of 2 valid IDs of the winner; If the prize is to be claimed by an authorized 	None	10 minutes	Designated Prize Payment Staff



	representativ e, submit a notarized Special Power of Attorney and 2 valid IDs of the authorized representativ e. Note: Write the Queueing Number (QN) given by the ABD and the time of receipt in the monitoring slip. Give priorities to Senior Citizen, Person with Disability (PWD) and Pregnant women.			
2. Remain seated at the designated waiting area and await for the Queueing Number to be called.	 2. Print disbursement voucher/Print Check 3.1. Review DV by comparing details vs supporting documents against the data encoded by ABD. > Review and approve transaction in the system for check assignment (reject transaction if there are corrections) , record the reviewed 	None	1 hour	Cashier II



	documents in the logbook and return			
	to the originating department (ABD);			
	3.2. Assign check number;			
	3.3. Print DV;			
	3.4. Encode and print prize check with the following:			
	 Date of check Name of payee (winner) Amount of prize 			
3. Remain seated at the designated waiting area and await for the Queueing Number to be called.	 3. Review the prize check 3.1. Review and verify correctness of data encoded in the prize check vs DV. 	None	15 minutes	
	3.2. A. Affix initial in the payment detail portion of the check voucher for checks amounting to Php 300,000.00 and below and			Cashier II / Cashier III



4. Remain seated	Chief/Designa ted alternate. 3.2.B. Affix initial in the payment detail portion of the check voucher for checks above Php 300,000.00 and forward to the Department Manager/Designat ed alternate.	None	30 minutes	DC/ Designated alternate
4. Remain seated at the designated waiting area and await for the Queueing Number to be called.	 8.1. A. Sign and approve prize check amounting to Php 300,0000,00 and below as co-signatory. 4.1. B. Sign and approve prize check amounting to Php 300,0000.01 and above as co- signatory. 8.2. Forward check to 	None	30 minutes	DC / Designated alternate / Department Manager and AGM for AS as alternate signatory Department Manager/Design ated alternate and AGM for AS as alternate signatory
5. Remain seated at the designated waiting area and await for the Queueing Number to be called.	principal signatory. 5.1 Sign and approve prize check as principal signatory. For prizes Php 60,000.00 to Php 500,000.00	None	1 hour	Assistant General Manager-MSS/ Designated OIC- AGM MSS, or all other AGMs in the ff. order: 1.AGM-GPDMS, 2.AGM-BOS, 3.AGM-Admin, 4.AGM-Chairty





	 Digitized signature is attached to the check For prizes above P500,000.00 Sign manually the prize check Return signed check to Treasury Department for release. 			
6. Remain seated at the designated waiting area and await for the Queueing Number to be called.	6.Scan check and DV before releasing the check.	None	10 minutes	Disbursing Officer
7.1. Approach the window when called.	7.1. Call claimant for check releasing.	None	15 minutes	Disbursing Officer
7.2. Return the QN issued by the ABD staff.	7.2. Retrieve QN issued by the ABD from the claimant.			
 7.3. Sign in the following: Disbursement Book; DV; Acknowledge ment receipt portion of the prize check. 	 7.3. Have the winner sign in the following: > Disburseme nt Book > DV > Acknowled gement receipt portion of the prize check. 			
7.4. Receive the prize check.	7.4. Release the prize check.			





8.1 Drop the chip to "Happy-Sad Face" box for CSS.		None	5 minutes	Disbursing Officer
8.2 The claimant takes the CSM survey.	8.2 Request the claimant to take the CSM survey.			
	Sub - total		3 hours 25 minutes	
TOTAL NO. OF HOURS FOR THE WHOLE PROCESS			5 HOURS AND 35 MINUTES	

DISCLOSURE STATEMENT:

- 3. The duration of activity is based on normal/regular circumstances.
- 4. PCSO observes NO NOON BREAK policy in catering to prize claims, from 8:00 AM to 5:00 PM Monday to Friday.



6. PROCESSING OF LOTTO AGENT APPLICATION

To provide and maintain high quality service standards as frontline to potential Lotto and Keno Applicants and ensure highest level of Customer Satisfaction in providing timely responsive delivery of service in an effective and efficient way of doing business with our customers.

Office/Department/Division:	NCR and Branch Offices		
Classification:	Complex		
Type of Transaction:	Government to Citizens (G2C) and Government to	Business (G2B)	
Who May Avail:	For Individual Applicant Filipino Citizen and at least 18 years old In case of Partnership Applicant:		
	 Partners must be Filipino Citizen; and Partnership Applicant must be duly registered a existing under Philippine Laws. 	and	
	 In case of Corporation Applicant: Must be fully owned and controlled by Filipinos Corporate Officers must all be Filipinos; and Corporation Applicant must be duly registered existing under Philippine laws; 		
Availability of Service	Monday to Friday, 8:00am to 5:00pm		
CHECKLIST OF REQUIREMEN	NTS	WHERE TO SECURE	
INITIAL REQUIREMENTS		NCR	
1. Applicant Information St		Department, PCSO Branch Offices, downloaded Form from the PCSO website	
	Boogle Map of the proposed outlet site showing the set. The proposed site must comply with the following	From Google Map / Drawn Sketch	
distance only) B. School 1. Elementary S	00 meters tal Region (NCR) – 100 meters (minimum		
3. Pictures of the proposed outlet/site including its surrounding vicinity. Applicant			
submission of a Evaluation & Me Sun Plaza Bldg to <u>ncr@pcso.g</u> • <u>For applicants c</u>	pital Region (NCR) applicants within Metro Manila, ccomplished application form at the Technical onitoring Division located at the PCSO Main Office, 3/F ., Shaw Boulevard, Mandaluyong OR send via e – mail ov.ph for National Capital Region (NCR) outside Metro Manila, submission of application form is PCSO Branch Office covering the proposed outlet		



ADDITIONAL REQUIREMENTS FOR INDIVIDUAL APPLICANT (UPON SITE APPRO	VAL):
 Any two (2) valid identification cards with at least one (1) Government issued ID: National ID 	LTO, BIR, PSA, SSS, GSIS, DFA,
 Postal ID 	PRC
 Driver's License 	
 Passport (valid) 	
> UMID ID	
 Tax Identification Number (TIN) 	
 NBI Clearance (valid) 	
2. Two (2) latest 2x2 ID picture of applicant	Applicant
3. In case the proposed site is:	Lessor /
a. Residential building and owned by applicant or his / her immediate	Building Owner
family:	
Barangay Certification showing that the applicant resides in the proposed site.	
b. Commercial and owned by applicant or his / her immediate family:	
Business permit issued by the city or provincial government. c. Leased property:	
Duly notarized Letter of Agreement between the owner of the	
establishment and applicant showing that the proposed site	
will be leased to the applicant for the Lotto / Keno outlet; OR	
If currently leased, <u>duly notarized Contract of Lease</u> .	
ADDITIONAL REQUIREMENTS FOR CORPORATION (UPON SITE APPROVAL):	
1. Bio-data of its Board of Directors and Officers, or Partners	Applicant
2. NBI Clearance of its Board of Directors and Officers, or Partners	NBI
3. Secretary's Certificate authorizing the applicant to represent the	Applicant
Corporation/ Partnership	Corporation
4. Two (2) latest 2x2 ID pictures of the authorized representative;	Applicant
	Corporation
5. Proof of Identification (two (2) valid IDs) of its Board of Directors and Officers, or Partners	LTO, BIR, PSA, SSS, GSIS, DFA, PRC, Postal ID
6. Income Tax Return (ITR) for the immediate preceding year	BIR
7. Latest Audited Financial Statement;	Applicant Corporation
8. Certified True Copy of SEC Registration, Articles of Incorporation (for corporation applicant), Articles of Partnership (for partnership	SEC
applicant), By-Laws, and latest General Information Sheet (GIS);	
9. Company TIN	BIR
10. In case the proposed site is: a. Residential building and owned by applicant or his / her	Lessor/ Building Owner
<i>immediate family</i> : <u>Barangay Certification</u> showing that the applicant resides in the proposed site.	
b. Commercial and owned by applicant or his / her immediate family:	
Business permit issued by the city or provincial government.	
c. Leased property:	



 \triangleright Duly notarized Letter of Agreement between the owner of the establishment and applicant showing that the proposed site will be leased to the applicant for the Lotto / Keno outlet; OR > If currently leased, duly notarized Contract of Lease.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
 Submission of Applicant Information Sheet, sketch and google map of the proposed location to NCR Department for applicants in the NCR and nearest Branch Office 	Verifies the completeness of the documents submitted by the Applicant	None	15 minutes	Technical Evaluation and Monitoring Division- For NCR applicants ECET for applicants in the Branch Offices
2. Payment of Application Fee	Prepares and approves the Order of Payment to be issued to Applicant for payment to Window 4 of the Treasury Department	₱2,500.00 (Lotto)	15 minutes	Technical Evaluation and Monitoring Division (TEMD)- For NCR applicants ECET/ Branch Managers for applicants in the Branch Offices
	Accepts payment and issuance of Official Receipt to the Applicant (Window 4 of the Treasury Department for Main Office and Cashier of concerned Branch Offices)	None	30 minutes	Treasury Department- For NCR applicants Cashier for Branch Offices
	Inspects the proposed lotto site of the applicant	None	1 working day (Upon receipt of the copy of the OR)	ECET
	Endorses the application for approval based on the completeness of documents and site inspection evaluation	None	1 hour	Division Chief of TEMD for NCR applicants Branch Manager for Branch Offices
	Recommends the approval of Lotto and Keno application	None	1 working day	Department Manager
	Approves the Lotto and Keno application	None	2 working days	Assistant General Manager for Branch Operations Sector





 Submission of additional requirements for approved applications 	Informs the applicant on the approval of Lotto/Keno application and to request compliance with the submission of post-approval requirements	None	1 working day	Department Manager
POST APPROVAL	REQUIREMENTS			
4. Construction of Booth	Provides the approved applicant of the required standard specification of booth and lighted signage.	None	30 minutes	TEMD- For NCR applicants ECET/ Branch Managers for applicants in the Branch Offices
5. Submission of photo of the newly constructed booth	Checks & verifies the Applicant's accomplishment and compliance on the approved specification of the booth.	None	1 working day (Upon receipt of submitted documents)	TEMD- For NCR applicants ECET/ Branch Managers for applicants in the Branch Offices
6. Payment of Premium for Surety Bond Application and Installation Fee	For Cash Bond Prepares and approves the Order of Payment to be issued to Applicant for payment at Window 4 of the Treasury Department	Cash Bond • NCR - ₱300,000.00 • Cities Outside NCR - ₱200,000.00 • Municipalities Outside NCR - ₱100,000.00	30 minutes	TEMD-For NCR applicants ECET for applicants in the Branch Offices Treasury Department
	Installation Fee Prepares and approves the Order of Payment to be issued to Applicant for payment at the Treasury Department	₱10,000.00	30 minutes	
	For Surety Bond: Provides the applicant of the Bond Form & Co-signer's Form and informs applicant to file it to the nearest GSIS Office.	₱13,864.32 (GSIS) (Premium for 2-year period)	5 working days	TEMD- For NCR applicants ECET for applicants in the Branch Offices GSIS





7. Signing of Agency Agreement	Prepares the Agency Agreement for the signature of the Agent and his/her Witness	None	2 working days	Division Chief / Department Manager
 8. Bond Processing a. Surety Bond – submits to GSIS the notarized AA b. Cash Bond – presents to the Treasury Department the Order of Payment 	If Cash Bond- Accepts OR of payment from the applicant If Surety Bond- Accepts Contract Policy from GSIS	None	30 minutes	TEMD- For NCR applicants ECET for applicants in the Branch Offices
9. Submits a copy of the Policy Contract and OR	Receives the copy of the policy and OR. Issue training request form and gaming paper supplies.		1 working day	Technical Evaluation and Monitoring Division- For NCR applicants
10. Training of Lotto Agents	Conducts training of new Lotto Agents	None	For scheduling- PSDD	Training Division, PSDD ECET/ Branch Managers for Branch Offices
	Conducts site inspection of the Lotto outlet	None	Within 3 working days after submission of post-approval requirements	ECET
	Prepares the request for terminal installation (RFTI) and On-line order	None	One (1) hour	Division Chief for NCR Branch Manager for Branch Offices
	Installs the Lotto machine and terminal to the new outlet	None	3 working days	PLTC
	Activates the system for the newly approved Lotto outlet	None	1 working day	PLTC
	HOURS FOR THE PROCESS	₱26,362.32 for Lotto Agents (if the agent opted to pay the premium for the Surety Bond) Or	21 working days & 5 hours *provided that all documentary requirements are complied by the applicants on time.	



For Cash Bond: ₱312,500.00 for NCR Agents ₱212,500.00 for Cities outside NCR
₱112,500.00 for Municipalities outside NCR





EXTERNAL SERVICES



PAYMENT OF PRIZES FOR LOTTO TICKETS IN THE BRANCH OFFICES 1.

Office/Departmer	nt/Division:	Branch Opera BRANCH OFI		ctor		
Classification:		Simple				
Type of Transaction:Government to Citizens (G2C) and Government to Business (G2B)						
Who May Avail:		Lotto/Keno/Sw	veepstak	es Winners		
CHECKLIST OF F	REQUIREMEN	rs		WHERE 1	TO SECURE	
 Winning Ti 	cket			Cla	imant	
 Valid Ident Photocor 	· ·	Government iss	ued ID			
CLIENT STEPS	AGENCY	ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON	
1. Gives the winning ticket	 1.1 Validates the ticket at the lotto terminal/machine 1.2 Sweepstakes – verifies the authenticity of the winning ticket 		None	3 minutes	Cash Clerk IV	
	immediate					
	 1.4 If the winnings if more than ₱10,000 but less than ₱300,000, a Prize Claim Form and valid ID with picture are required 1.5 Sweepstakes – minor prizes will be immediately paid, major prizes will be processed and paid by the Head Office 		None	10 minutes	Clerk	
	1.6 Verifies the authenticity of the ticket and the claimant		None	5 minutes	Accountant	
	1.7 Prepares t	he check	None	5 minutes	Cashier	
	1.8 Approves	the payment	None	5 minutes	Branch Manager or the Authorized Officer	
2. Receives payment for the winning ticket	1. Issue t corres check claima	ponding to the	None	2 minutes	Cashier	
Total			None	30 minutes		



2. APPLICATION FOR MEDICAL ASSISTANCE PROGRAM (MAP) - MAIN OFFICE

For PCSO to extend timely and responsive assistance through issuance of GLs addressed to our Partner Health Facility (PHF) in favor of our patient.

Classification:	Simple		
Type of Transaction:	G2C- GOVERNMENT TO CITIZEN		
Who may Avail: CHECKLIST OF REQUIREMENTS FOR FILLING OF APPLICATION	 Patient or his/her duly authorized representative (Immediate Family Member/s) In-Patients (confined in the Charity Ward / Private Ward) Out patients (Charity/Private) WHERE TO SECURE		
GENERAL REQUIREMENTS:			
 Government-issued ID of the patient 	 DFA, GSIS, SSS, PRC, PSA, COMELEC, Phil health, OSCA, DSWD, NGAs, Medical Social Service (MSS) ID and Educational Institution where the student is currently enrolled Hospital or Other Partner Health Facility 		
2. Original/ Certified True Copy of the Medical Abstract (inpatient)/ Medical Certificate (outpatient) duly signed by the attending physician/ oncologist with printed full name and signature with license number	(PHF) where patient is being treated/managed		
SPECIFIC REQUIREMENTS:			
A. CONFINEMENT			
1. Original copy of the Final Statement of Account/ Latest Hospital bill with printed name duly signed by the Billing officer/Credit Supervisor with PHILHEALTH, Senior Citizen, HMO, MSS/ Discounts deductions	 Hospital or PHF where patient is presently confined 		
2. If Discharged : Validly-executed Promissory Note duly signed by the hospital representative or Certification with remaining	 Billing/Credit and Collection Office of Hospital or Other PHF where patient is confined 		
 balance from the hospital 3. For Medico-Legal Cases: Copy of the Vehicular/Police Report 	 Police Precinct where the incident was reported 		
B. CHEMOTHERAPY			



 Original prescription with printed full name and signature with license number of oncologist/ attending physician 	 Oncologist/Attending Physician of the patient Oncologist/Attending Physician of the
2. Original copy of treatment protocol with printed full name and signature with license	patient
number of oncologist/attending physician 3. Three (3) official quotations from different retail/ supplier	3. Any three (3) quotations from different retailer/ supplier
 C. HEMODIALYSIS 1. Official Quotation from the Dialysis Center/ Hospital 2. For Philhealth Members: Certification on the number of benefits availed 	 Hospital or Other Partner Health Facility (PHF) where patient is undergoing treatment Phil health / Hospital or Other Partner Health Facility (PHF) where patient is undergoing treatment
 D. MEDICINES 1. Original Prescription with printed full name and signature with license number of the attending 	1. Attending Physician of the patient
physician 2. Three (3) quotations from different retailer / Supplier	 Any three (3) quotations from different Medicine Retailer/Pharmacy/Drugstore where patient will obtain the needed medicines Hospital or Other Partner Health Facility
 3. For Erythropoietin Injection only Official quotation from the dialysis center/ hospital 	(PHF) where patient is undergoing treatment
E. Laboratory/ Diagnostic Procedures (including development assessment) 1. Official quotation from the	1. Official quotation from diagnostic center/
 diagnostic center or hospital duly signed by the representative of the diagnostic center or hospital. 2. Request for laboratory/ 	hospital 2. Attending Physician
diagnostic/ initial development assessment from the attending physician with printed full name and signature with license number	
F. Implants (Bone/ Cochlear) / Medical Devices (Pacemaker, Septal Occluder/ PCI Device/ Valves)	 Any three (3) quotations from different retailer/ supplier
	2. Attending Physician



Three (3) official quotation from 1. different supplier Request for specification of 2. medical devices/prescription of medical device

MEDICAL ASSISTANCE PROGRAM (MAP) PROCESS

A. NCR ONLINE APPLICATION SYSTEM PROCESS:

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to <u>www.pcso.gov.ph</u> and click E-Services to proceed to the Online application. Fill-in the basic information of the patient and upload the scanned documentary requirements.	1. NCR Online Application System automatically send notification that request was successfully received	None	13 minutes/ case	CAD Controller
1.1.Receive notification confirming that his/ her request was successfully accepted by the NCR Online Application			-	
1.2.Receive notification on the status of the case	1.1Reviewthe encoded relevant informationand checkcheckthe completenessof the documents.If incomplete, send notification on the status of the case.1.2.If complete, endorse/ forward the case to social workers.			





SWEEPSTAKES OFFICE

2 Possive petice of	 Validate the data and authenticity of scanned documents. Determine the amount recommended based on existing guidelines and available budget. If found incomplete return to controller for notification 	None	10 minutes/ case	CAD Suppriser/
3.Receive notice of approval	 3. Confirm and approve the recommended amount of assistance. 3.1. The system shall notify the applicant/patient once the approval was made within 24 hours 		2 minutes/ case	CAD Supervisor/ Division Chief / CAD Manager
4.Print Claim Slips (CS) or Guarantee Letter (GL) and MAP application Form				
4.1.Attach original copies of the documentary requirements				
4.2.Proceed to the Partner Health Facility (PHF) to present all the documents.			Within 04 hours	
	TOTAL		Within 24 hours	

For complaints please call: The Legal Department at 706-43714; Ombudsman at 997-0248; Civil Service Commission (CSC) at 740-8412 Whistleblowing.gcg.gov.ph submit a report

MEDICAL ASSISTANCE IN MALASAKIT CENTER (MAM) PROGRAM

For PCSO to extend timely and responsive assistance through issuance of GLs addressed to hospitals with MCs in favor of patient.

Office or Division:	Charity Sector, Charity Assistance Department (CAD), Individual Charity Assistance Division (ICAD)
Classification:	Simple





Type of Transaction:	G2C- GOVERNMENT TO CITIZEN
Who may Avail: CHECKLIST OF REQUIREMENTS FOR FILLING OF APPLICATION	 Patient or his/her duly authorized representative (Immediate Family Member/s) In-Patients (confined in the Charity Ward / Private Ward) Out patients (Charity/Private) WHERE TO SECURE
GENERAL REQUIREMENTS:	
 Government-issued ID of the patient Original/ Certified True Copy of the Medical Abstract (inpatient)/ Medical Certificate (outpatient) duly signed by the attending physician/ oncologist with printed full name and signature with license 	 DFA, GSIS, SSS, PRC, PSA, COMELEC, Phil health, OSCA, DSWD, NGAs, Medical Social Service (MSS) ID and Educational Institution where the student is currently enrolled Hospital or Other Partner Health Facility (PHF) where patient is being treated/managed
number	
SPECIFIC REQUIREMENTS:	
A. CONFINEMENT 1. Original copy of the Final Statement of Account/ Latest Hospital bill with printed name duly signed by the Billing officer/Credit Supervisor with PHILHEALTH, Senior Citizen,	 Hospital or PHF where patient is presently confined
 HMO, MSS/ Discounts deductions 2. If Discharged: Validly-executed Promissory Note duly signed by the hospital representative or Certification with remaining 	 Billing/Credit and Collection Office of Hospital or Other PHF where patient is confined
 balance from the hospital 3. For Medico-Legal Cases: Copy of the Vehicular/Police Report 	 Police Precinct where the incident was reported
 B. CHEMOTHERAPY Original prescription with printed full name and signature with license number of oncologist/ attending physician Original copy of treatment present with printed full name 	 Oncologist/Attending Physician of the patient Oncologist/Attending Physician of the patient
protocol with printed full name and signature with license	patient

75 CITIZEN'S CHARTER



number of oncologist/attending physician 3. Three (3) official quotations from different retail/ supplier	3. Any three (3) quotations from different retailer/ supplier
C. HEMODIALYSIS	
 Official Quotation from the Dialysis Center/Hospital For Philhealth Members: Certification on the number of benefits availed 	 Hospital or Other Partner Health Facility (PHF) where patient is undergoing treatment Phil health / Hospital or Other Partner Health Facility (PHF) where patient is undergoing treatment
 D. MEDICINES 1. Original Prescription with printed full name and signature with license number of the attending physician 	1. Attending Physician of the patient
2. Three (3) quotations from different retailer / supplier	 Any three (3) quotations from different Medicine Retailer/Pharmacy/Drugstore where patient will obtain the needed medicines
 3. For Erythropoietin Injection only Official quotation from the dialysis center/ hospital 	 Hospital or Other Partner Health Facility (PHF) where patient is undergoing treatment
 E. Laboratory/ Diagnostic Procedures (including development assessment) 1. Official quotation from the diagnostic center or hospital duly signed by the representative of the diagnostic center or hospital. 2. Request for laboratory/ diagnostic/ initial Development assessment from the attending physician with printed full name and signature with license number 	 Official quotation from diagnostic center/ hospital Attending Physician
F. Implants (Bone/ Cochlear) / Medical Devices (Pacemaker, Septal Occluder/ PCI Device/ Valves)	
 Three (3) official quotation from different supplier Request for specification of medical devices/ prescription of 	 Any three (3) quotations from different retailer/ supplier Attending Physician



B. With PCSO MC PERSONNEL PROCESS UNDER THE MALASAKIT CENTER

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete documentary requirements	 Check and review the completeness of the documentary requirements before accepting the request. Encode the basic information of the patient in the Malasakit Center (MC) System Scan and Upload the documentary requirements in the Malasakit Center (MC) System (The system shall automatically compute the amount of assistance) and forward to PCSO Social Worker for assessment and evaluation. 	None	15 minutes/ case	PCSO MC Personnel
2. Await the status of application.	2. Based on the assessment and evaluation of the CAD/ Branch Social Worker, the recommended amount is subject for approval of the CAD/ Branch Manager.	None	5 minutes/ case	CAD/Branch (Social Worker)
3. Await the approval of the Guarantee Letter	3. The CAD/ Branch Manager shall approve the case and forward to the PCSO MC Personnel	None	2 minutes	CAD/Branch Manager
	4. The PCSO MC Personnel shall print the Guarantee Letter and PCSO Assessment Form.	None	10 minutes/ case	PCSO MC Personnel





 5. Present the proper Identification (ID) and receive the Guarantee Letter after being called. Fill-up the PCSO Logbook and answer the PCSO Customer Satisfaction Survey. 	 Release the Guarantee Letter, PCSO Assessment Form and the submitted original documentary requirements to the beneficiary or his / her representative. Require to fill-up the PCSO Logbook and conduct Customer Satisfaction Survey 	10 minutes/ case	PCSO MC Personnel
	TOTAL	42 minutes/ case	

For complaints please call: The Legal Department at 706-4371; Ombudsman at 997-0248; Civil Service Commission (CSC) at 740-8412 Whistleblowing.gcg.gov.ph submit a report

C. Without PCSO MC PERSONNEL PROCESS UNDER THE MALASAKIT CENTER

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient or his/her	1. Await	None	15	MSW of the
Authorized	endorsement		minutes/ case	hospital
representative	from Medical			
submit complete	Social Worker.			
documentary				
requirements to				
the assigned				
Medical Social				
Worker (MSW) at				
the PCSO Desk in				
the Malasakit				
Center. If				
incomplete, return				
the documents to				
the patient/ or				
patient's relative.				
If complete email				
the documentary				
requirements to				
PCSO.				
2. Await the status	2. Receive, Check		5	CAD/Branch
of application.	and review the		minutes/ case	(Social Worker)
	scanned			
	documentary			
	requirements			
	before accepting			



	the request.		
	2.1. Encode the basic information of the patient in the Malasakit Center (MC) System		
	2.2. Scan and Upload the documentary requirements in the Malasakit Center (MC) System (The system shall automatically compute the amount of assistance) and forward to partner social worker for assessment and evaluation. Based on the assessment and evaluation of the CAD/ Branch Social Worker, the recommende d amount is subject for approval of the CAD/ Branch Manager.		
3. Await the approval of the Guarantee Letter	3. The CAD/ Branch Manager shall approved the case and forward to the CAD/ Branch Social Worker.	2 minutes	CAD/Branch Manager





For complaints please call: The Legal Department at 706-4371; Ombudsman at 997-0248; Civil Service Commission (CSC) at 740-8412 Whistleblowing.gcg.gov.ph submit a report

3. APPLICATION FOR MEDICAL ASSISTANCE PROGRAM (MAP) IN THE **BRANCH OFFICES**

To provide timely and responsive medical assistance to individuals with health related problems seeking financial help to PCSO Branch Offices nationwide.

Office/Department/Division:	Branch Offices	
Classification:	Complex	
Type of Transaction:	Government to Citizens (G2C)	
Who May Avail:	Patient or duly authorized	
	representative	
Availability of Service	Mondays to Fridays, 8:00am to 5:00pm	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
General Requirements:		
1. PCSO IMAP Application Form	Available for download at <u>www.pcso.gov.ph</u> or through Branch Offices nationwide	
 2. Government issued ID of the Patient: National ID Postal ID Driver's License Passport (valid) UMID ID Tax Identification Number (TIN) NBI Clearance (valid) 	LTO, BIR, PSA, SSS, GSIS, DFA, PRC, Postal ID	
3. Original/Certified True Copy of the	Hospital wherein the patient is being	
Clinical Abstract with signature of the	treated	
Attending Physician and its License No.		
Specific Requirements:		
For Hospital Confinement:		
 Original copy of Statement of Account with printed name and signature of the Billing Officer with PhilHealth, Senior Citizen or HMO deductions. 	Hospital wherein the patient is being treated.	
 If discharged: Validly executed Promissory Note by the Hospital Representative indicating the remaining balance from the hospital. 	Accounting or Billing Office of the hospital wherein the patient is being treated.	
3. For Medico-Legal Cases: Copy of the Vehicular/Police Report.	Police precinct wherein the incident was reported.	
For Chemotherapy:		
 Original prescription with printed full name, signature, and license number of oncologist. 	Oncologist/Attending physician of the patient.	





2.	Original copy of the treatment protocol with printed full name, signature, and license number of oncologist.	Oncologist/Attending physician of the patient.
3.	Photocopy of Surgical/ Histopathology or Biopsy Result.	Records Section of the of the hospital wherein the patient is being treated.
For Di		
1.	Acceptance letter from the dialysis center or hospital signifying the acceptance of Guarantee Letter from PCSO	Hospital or dialysis center wherein the patient is being treated
2.	Prescription with printed full name, signature, and license number of attending physician (for Epoetin).	Hospital or dialysis center wherein the patient is being treated
3.	Official quotation from the dialysis center (for dialysis)	Hospital or dialysis center wherein the patient is being treated
4.	Photocopy of laboratory results	Records Section of the of the hospital wherein the patient is being treated
5.	PCSO Index Card	PCSO Social Worker
6. For PhilHealth Members:		
	a. Copy of Member Data Record	PhilHealth
	b. Certification on the number of benefits availed	Hospital or dialysis center wherein the patient is being treated
	equests for Medicines (Hemophilia and ransplant)	
1.	Prescription with printed full name, signature, and license number of attending physician.	Attending physician
2.	Laboratory results within the last three (3) months.	Records Section of the of the hospital wherein the patient is being treated
3.	PCSO Index Card	PCSO Social Worker

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
 Submission of duly accomplished IMAP application form and requirements. 	Receives the request and checks completeness of the requirements. Records the request in the database.	None	1 hour per case	Social Worker





	Evaluates the request and prepares recommendation of the amount of assistance to be extended by PCSO for medical assistance	None	2 hours	Social Worker
	Approves the amount of assistance to be extended by PCSO	None	1 hour	Branch Manager
	Prepares the Guarantee Letter for issuance to the Patient	None	1 hour	Data Encoder/Social Worker
	Approves the Guarantee Letter	None	1 hour	Branch Manager
2. Receipt of Guarantee Letter.	Releases the Guarantee Letter to Patient	None	30 minutes	Social Worker
TOTAL		None	6 hours and 30 minutes	



4. REQUEST FOR TRANSFER OF LOTTO OWNERSHIP

The process involves the application of Lotto Agents for transfer of ownership due to justifiable reasons. Application for transfer of ownership may be submitted at the PCSO Main Office and Branch Offices nationwide.

Office/Department/Di	vision:	NCR and B			
Classification: Type of Transaction:		Simple Government to Citizens (G2C) and			
		Government to Business (G2B)			
Who May Avail:		Lotto/Keno Agents			
Availability of Service			o Fridays, 8:00an	n to 5:00pm	
CHECKLIST OF REQ		WHERE TO	SECURE		
1. Duly accomplis letter	•	Applicant			
2. The Transferee third (3 rd) degree		Applicant			
consanguinity					
3. Documentary r for new agent o transferee	•	Applicant			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON	
1. Submission of duly accomplished request letter to the Technical Evaluation and Monitoring Division- For NCR applicants and ECET/ Branch Managers for applicants in the Branch Offices.	Receives the request and check completeness of the requirements. Recording of the request in the database.	None	30 minutes	ECET	
2. Payment of transfer Fee.	Prepares and approves the Order of Payment for payment to Window 4 of the Treasury Department	₱2,500.00 (Lotto & Keno)	1 hour	ECET/TEMD for NCR ECET/Cashier for Branch Offices	
	Accepts payment and issuance of Official Receipt for payment to the Window 4 of the Treasury Department	None	30 minutes	Treasury Department for Main Office Cashier for Branch Offices	





Submits the OR for the Transfer of Ownership Fee to the TEMD	Forwards the request with the required documents to the Office of the Department Manager for signature	None	1 working day	Division Chief/ NCR Branch Manager- Branches
	Endorses the request for Transfer of Ownership to the Assistant General Manager for approval	None	1 working day	Department Manager
	Approves the request for Transfer of Ownership	None	2 working days	Assistant General Manager for Branch Operations Sector
	Informs the Agent on the approval of request for transfer	None	1 working day	Division Chief/ NCR Branch Manager- Branches
TOTAL		₱2,500.00	5 working days and 2 hours	





5.REQUEST FOR TRANSFER OF SITE OF LOTTO OUTLET

The process involves the application of Lotto and Keno Agents for transfer of site due to justifiable reasons. Application for transfer of site may be submitted at the PCSO Main Office and Branch Offices nationwide.

Office/Departme	nt/Division:		NCR and Branch Offices				
Classification:	Classification:			Simple			
Type of Transac	Type of Transaction:			Government to Citizens (G2C) and Government to Business (G2B)			
Who May Avail:			Lotto/Ken	o Agents			
Availability of Se			Mondays	to Fridays, 8:00a	am to 5:00pm		
	REQUIREMENTS			O SECURE			
1. Request form			TEMD/ Bra	anch Office conce	erned		
2. Sketch and pic			Applicant				
	d Authority/Certificati		Lessor/Bu	ilding Owner			
	ng owner or Land Titl	е					
for owned pro	perty (notarized)			DDOODONIO			
CLIENT STEPS	AGENCY ACTION	FEL	ES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON		
1. Submission	Receives the	Non		15 minutes	ECET		
of duly	request and check	1.011	•				
accomplishe	completeness of						
d request	the requirements.						
form	Recording of the						
	request in the						
	database						
2. Payment of	Prepares and	₱2,5	500.00	15 minutes	ECET/CEI II		
the transfer	approves the	(Lot	to & Keno)		Division Chief/		
fee	Order of Payment				NCR		
	for payment to						
	Window 4 of the				Branch		
	Treasury				Manager-		
	Department				Branches		
	Accepts payment	Non	е	30 minutes	Treasury		
	and issuance of				Department for		
	Official Receipt				Main Office		
					Cashier for		
					Branch Offices		
	Conducts ocular	None		Within 1	ECET		
	Inspection of the	11011	~	working day			
	proposed site			upon receipt of			
				documents			
	-						
	Prepares	Non	е	1 working day	ECET		
	recommendation				Division Chief /		
	for the approval /				Department Managar		
	disapproval of the				Manager		
	request for transfer of site						
	transfer of site						





	Approves the request for transfer of site	None	1 working day	AGM for Branch Operations Sector
4. Construction of new booth	Informs the agent to facilitate construction of booth upon receipt of approval	None	1 working day	ECET
5. Submission of photo of the newly constructed Booth.	Checks Agent's compliance to the standard booth design	None	1 working day	ECET
	Endorses the request for terminal installation (RFTI) and activation to PGMC/TGTI/POS C	None	1 working day	Branch Manager / Department Manager
	Installs the machine/terminal to the new outlet	None	1 working day	PGMC/POSC/T GTI
TOTAL	1	₱2,500.00	7 working days and 1 hour	



REQUEST FOR RENEWAL OF LOTTO AGENCY AGREEMENT 6

The process involves the evaluation process of agents performance, compliance and commitment consistent with the rules and regulations in the renewal of the sales outlet operation.

Office/Department/Division	NCR and Branch Offices				
Classification:		Complex			
Type of Transaction:		Government to Citizens (G2C) and Government to Business (G2B)			
Who May Avail:		Lotto Agents	•		
Availability of Service		Mondays to F	Fridays, 8:00am	to 5:00pm	
CHECKLIST OF REQUIREM	IENTS		WHERE TO SEC	URE	
 Duly accomplished rer 		Agent			
2. Documentary requiren renewal	nents for	Agent	_		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON	
 Submission of duly accomplished renewal form to the Technical Evaluation and Monitoring Division- For NCR agents and ECET/ Branch Managers for agents in the Branch Offices 	Receives the request and check completeness of the requirements. Recording of the request in the database.	None	30 minutes	ECET	
 Secure clearance from Accounts Management Division – For NCR 	Secures clearance of Accountabilities from Accounts Management Division	None	1 hour	ECET/TEMD for NCR	
3. Payment of renewal fee	Prepares and approved the Order of Payment for payment to Window 4 of the Treasury Department	₱1,000.00	1 hour	ECET/TEMD for NCR ECET/Cashier for Branch Offices	
 Signing the Notice of Extension / Renewal of Agency Agreement 	Prepares Notice of Extension/ Renewal of Agency Agreement for the signature of the Agent and	None	2 working days	Division Chief / Department Manager / Assistant General Manager - BOS	





		his/her Witnesses			
5.	Notary of Notice of Extension / Renewal of Agency Agreement	Forwards to Legal Department for notarization	None	1 working day	OAGM for Branch Operations Sector
6.	Issuance of documents	Upon receipt of the Notarized Notice of Extension/ Agency Agreement Renewal, the Authority to Operate shall be issued to the Agent	None	2 working days	ECET/TEMD for NCR
то	TAL		₱1,000.00	5 working days 2 hours and 30 minutes	



7. **PROVISION OF DENTAL SERVICES**

This process illustrates the provision of limited and free dental services to all.

Office/Department/	Philippine Charity Sweepstakes Office/Medical Services Department/Medical and Dental Division			
Classification:		G2C		
Type of Transactio	n:	Simple		
Who may Avail:		Genera	Public	
CHECKLIST OF	REQUIREMENTS		WHERE TO SI	ECURE
1. For New Patients (Non-students) One (1) copy of valid national or local government issued Identification Card and one (1) photocopy.		BIR, DFA, PRC, NBI, SSS, PAGIBIG, UMID, LGU, OWWA, PCSO MSD, COMELEC, OSCA, PPPP (4P'S), LTO, POSTAL CORP., PNP, National ID		
copy of School Iden the current school photocopy	ts (Students) One (1) tification Card valid for calendar and one (1)	currently	onal institution whe y enrolled	ere the student is
Services Department Card with one (1) at	•	PCSO N		
4. Patients, aged 17 years or younger, for surgical treatments – One (1) copy of valid national or local government issued Identification Card and one (1) photocopy or PCSO MSD Identification Card and accompanied by a parent, adult sibling or legal guardian with proof of residence in the same address as that of the patient.		BIR, DFA, PRC, NBI, SSS, PAGIBIG, UMID, LGU, OWWA, PCSO MSD, COMELEC, OSCA, PPPP (4P'S), LTO, POSTAL CORP., PNP, National ID		
	/accination Card / cate of Vaccination or	LGU, Bureau of Quarantine		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Approaches the Officer of the Day.	1. Receives the document/s and check for completeness	None	5 Minutes/ patient	Communication Equipment Operator IV
	1.1 Issues queuing number			
	1.2 Advises patient when to proceed to			





		Dental Treatment Room			
2.	Proceeds to Dental Treatment Room and approaches the Dental Receptionist	2. Asks for the issued queuing number and other pertinent documents 2.1 Conducts case history taking on the patient and/or accompanying adult 2.2 Conducts blood pressure examinations on patients for surgical treatments 2.3 Asks patient or accompanying adult to sign pre-intake interview documents	None	6 Minutes	Dental Hygienist
3.	Receives the necessary dental service/s	 Performs pre- treatment and oral examination 1 Performs appropriate dental treatment/s 2 Conducts dental health teachings 3.3 Issues prescription/s 4 Issues dental certificate, whenever necessary 5 Issues referrals to and requests for medical and/or dental evaluations or diagnostic tests whenever necessary 	None	60 Minutes	Dentist
4.	Proceeds to the Pharmacy	4.Dispenses the medicines, if available	None	5 Minutes	Pharmacist
		TOTAL:	None	1 Hour 16 Minutes/patient	



PROVISION OF MEDICAL AND DENTAL MISSION 8.

This is the provision of health care services through missions in partnership with local governments or other entities as approved by the management.

Office/ Department/	Satellite Departn	•	CD), Medical Services		
Classification:		Complex			
Type of Transaction	:	G2G/G2B			
Who May Avail:		Genera	Public		
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE	
 Letter of Request addressed to PCSO Chairman/ General Manager With Project proposal, organizational profile, schedule, number of recipients and contact details 			Requesting Party Requesting Party		
3. Securities and	SEC) Registration		Securities and Excł (SEC)	nange Commission	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON	
Letter Request to the General Manager/ Chairman's Office with demographic profile of the target site.	 Receives and transmits documents for assessment 1.1 Requests received by the OGM/Office of the Chairman- endorsed to MSD (SCD) 1.2 Requests received by MSD (SCD) – evaluates the request 	None	3 working days	Personnel of the Chairman's Office (CH) General Manager's Office (GM) Assistant General Manager for Charity Sector (AGM) Department Manager (DM) SCD Division Chief	
 Receipt of communication from SCD staff: a. If the request is not approved. 	 2. Satellite Clinic Division (SCD) a. Writes Regret Letter with reasons. 	None		Department Manager (DM) SCD Division Chief Nurses	





b. If approved:	 b. Informs Requesting 	None	1 working day	SCD Division Chief
	Party (RP)			Nurses
	c. Notifies requesting Party on conduct of mission, logistics and preparation of certificates	None	1 working day	
3. Receives communication of	3. Preparation of Team			Department Managor
plans	ream			Department Manager (DM)
				SCD Division Chief Doctors
				Dentists Pharmacist
				Nurses Dental Hygienist
				Medical Technologist Driver/ Paramedic
				Information Officer Photographer
4. Issues Certificate of Appearance and	4. Conduct of the Medical and			SCD Division Chief Doctors
Customer Satisfaction Survey	Dental mission			Dentists Pharmacist
Form to the Medical				Nurses
and Dental Team				Dental Hygienist Medical Technologist
				Driver/Paramedic Information Officer
				Photographer
	5. Inclusion of the			Nurses
	medical and dental mission to			
	the monthly report			
	TOTAL	None	5 working days	



9. **MEDICINE DONATION PROGRAM**

This is the provision of medicines to various local government units (LGUs), agencies, institutions, and non-government organizations.

Office/ Department/ Div		e Clinic Division (So s Department	CD), Medical	
Classification:		Comple		
Type of Transaction:		G2B/G2G		
Who May Avail:		Genera	-	
CHECKLIST OF F		WHERE TO S	ECURE	
1. Letter of Request add Chairman/ General Mana		1.	Requesting Party	
2. With Project proposal, schedule, number of reci details	•		Requesting Party	
3. Securities and Exchan Registration for Non-Gov (NGO)	ernment Organization		Securities and Exc Commission (SEC	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Client submits Letter Request to the General Manager/ Chairman's Office with demographic profile of the target site.	1. Receives and transmits documents for assessment	None	3 working days	Personnel of Chairman's Office (CH) General Manager's Office (GM)
	1.1 Requests received by the OGM / Office of the Chairman – endorsed to MSD (SCD)			Assistant General Manager for Charity Sector (AGM) Department Manager (DM)
	1.2 Requests received by MSD (SCD) – evaluates the request			SCD Division Chief
1. Receipt of communication from SCD staff:	2. Satellite Clinic Division (SCD)	None	2 working days	SCD-DC Nurses
a. If not approved	a. Writes Regret Letter with reasons.			SCD-DC Nurses
b. If approved				Nurses



	 b. Receives Recommendation Memorandum from GM's office For Medicine Assistance through Branch Offices (MATBO) send endorsement letter to Branch Office Sector (BOS) For Medicine Assistance through 			
	Main Office (MATMO) submit copy to Pharmacy Division for the medicines			
3. Acceptance of Medicines	3. Release of Medicines to Requesting Party	None	1 working day	Nurses Pharmacists Photographer
	 For MATMO, MSD notifies requesting party of availability of medicines for donation schedule 			SCD-DC Nurses
	 For MATBO, BO notifies requesting party of availability of medicines for donation schedule 			Branch Manager
4. Signing of Certificate of Acceptance	4. Keep and file Certificate of			SCD Staff for MATMO
	Acceptance			Branch Office Staff for MATBO
	TOTAL	None	6 working days	



10. **OUT-PATIENT SERVICES**

This process shows the provision of medical services to clients.

Office/ Department/ Division: Medical and D Services Depa			al Division (MDD), ient	Medical
Classification:		Simple		
Type of Transaction:		G2C		
Who May Avail:		General Public		
	REQUIREMENTS	WHERE TO SECURE		
		BIR, Post Pag-IBIG	Office, DFA, PSA,	SSS, GSIS,
 Birth Certificate f not schooling (1 Photocopy) PCSO Outpatien 	t ID for Old Patient or	City Hall or PSA		
or Prophylaxis (I	nation Card / tificate of Vaccination CVP)		eau of Quarantine	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSI BLE PERSON
1. Approaches the Officer of the Day (O.D.) at the Registration Area	1. Asks valid ID card or birth certificate for children not in school including COVID-19 Vaccination Card/Certificate	None	10 minutes	Officer of the Day (O.D.)
For New patient:				
 a. Gives Valid ID and photocopy to O.D. b. Gets queue number, sits at the designated area & waits for the queue number to be called 	 a. Checks if ID is Valid and if other documents are authentic b. Writes patient's details on Electronic Registration Medical Data 			





	1		1	
	 c. Gives queue number to patient d. Issues Outpatient ID and prepares patient's envelope for charting e. Advises patient to sit at designated area, wait for the queue no. to be called before entering the Outpatient Services Medical room 	None		Officer of the Day
 For Old patient: a. Gives Outpatient ID to the OD b. Gets Queue no., sits at the designated area & waits for the queue no. to be called 	 a. Gets Outpatient I.D. and retrieves record from Medical Records b. Asks Affidavit of Loss in case of lost I.D. c. Calls patient / client, issues queue no. and tags medical record of same number for collection by Record Handler to be brought to Outpatient Services Room Calls patient/ client For consultation:			Record Handler





1. Goes to Outpatient Medical Services Room and waits to be called by nurse.	Interviews and records vital signs, chief complaints and medical history. For medicine assistance: Checks completeness of documents and availability of prescribed medicines.	None	15 minutes	Nurse
2. Approaches Nurse.	Calls patient/ client For consultation: Interviews and records vital signs, chief complaints, and medical history. For medicine assistance: Checks completeness of documents and availability of prescribed medicines.	None		Nurse
3. Approaches In-house Physician	 For consultation: a. Asks chief complaints b. Takes history of patient's medical condition c. Validates data gathered by nurse. d. Examines 	None	30 Minutes	In-house Physician





	patient thoroughly as necessary to elicit clinical impression or diagnosise. Reviews and correlates results to clinical impressionf. Gives medical instructions or adviceg. Issues prescriptionsFor medicine assistance:a. Re-check completeness of documents.b. Issues prescriptions of available medicines from PCSO Pharmacy			
4. Approaches Pharmacy	Gives prescribed medicines, if available	None	5 minutes	Pharmacist
	TOTAL	None		



11. PHARMACY SECTION

This provides medicines for outpatients, PCSO Employees and their dependents, job orders (JO), confidential agents (CA), contract of service (COS), and retirees.

Office/ Department/ Division:			Pharmacy Division, I Department	Medical Services	
Classification:					
Type of Transaction	on:		G2C		
Who May Avail:			Patients and clients from the Out Patient Services, PCSO Employees and their dependents, JO, CA and COS and Retired Employees		
CHECK		TS	WHERE TO	SECURE	
1. Prescription of	medicine		From our in-house p dentists	hysicians and	
	aintenance Medicine Car naintenance medicines.		Issued by the PCSO	Clinic Pharmacy	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON	
 Gets queue number from the pharmacy, sits at the designated waiting area and waits for the queue number to be called. 	 1.1. Issues separate queue numbers to patients according to the following category: a. Priority - Senior citizens Persons with Disability (PWD), Pregnant women b. Regular (adult and pediatric) 1.2. Instructs patient/client to write name, address, telephone number and signature on the back of the prescription. In case of multiple prescriptions, writes only the signature on the back of the other prescriptions. 	None	7 minutes	Crowd control staff Pharmacist	



2. Writes down the required personal data on the back of the prescriptions and approaches the pharmacist once queue number is called.	 2.1. According to queueing sequence, receives individual prescription and checks for completeness of entries to include: a. Full name of patient b. Name, preparation, quantity, dosage, and duration of intake of medicine c. Signature and license number of the in-house physician and dentist. 	None	3 minutes per prescription	Pharmacist
	2.2. Dispenses available medicine and gives patient instruction.		3 minutes per prescription	
	2.3. Have the patient sign at the back of the prescription after instruction is given.			
	 2.4. For patients with maintenance medicines: a. New Patient: Issues index card (Maintenance Medicine Card) 			
	b. Old patient: Updates index card (Maintenance Medicine Card) TOTAL	None	13 minutes	

PHILIPPINE CHARITY

2. Filling

out

Application Form;

2.1.

of

Evaluation

applicant's previous training

records (Additional Operators/Tellers

Only)

2.2. Verification

completeness of Application Form



12. APPLICATION FOR LOTTO TERMINAL OPERATIONS TRAINING FOR THE NATIONAL CAPITAL REGION

Newly approved Lotto Agents are being endorsed by the Technical Evaluation and Monitoring Division (TEMD-NCRD) National Capital Region Department, Branch Operations Sector (BOS) for the training of its agents/operators/tellers before the installation of the Point-of-Sale Terminal. All Lotto Agents/Outlets who will operate the terminals are required to have a trained Lotto Operator/Teller. This process involves the application for the Point of Sales Terminal and Lotto Operations training schedule of agents and/or their assigned operators/tellers for outlets operating in the National Capital Region.

Office/Department/E	Division:	Product and Standard Development Department (PSDD), Training Division (TD)			
Classification:		Simple		· ·	
Type of Transaction	n:		ernment to Bu	siness; G2C -	Government
		to Citizen		,	
Who May Avail:		Newly Approved Agents and/or New/Additional Operators/Tellers of Lotto Agents of National Capital Region			
Availability of Servi	ce:	8:00am-5:0	0pm, Monday	to Friday	
CHECKLIST OF	REQUIR	EMENTS	v	HERE TO SEC	URE
Endorsement Letter ((Newly Ap	proved		valuation and Mo	J
Agents Only)			Division, Na	tional Capital Re	egion
				(TEMD-NCRD)	
Agency Name, Outlet			Applicant		
Number, Agency Nur					
Number (Form No. P	CSO-F-P	SDD-TD001			
– Application Form)					
Confirmed Training	•		Training Division, Product and Standard		
Order of Payment (Additional	Operators/	Department	(TD-PSDD)	
Tellers Only)					
Official Receipt (Addi	itional Ope	erators/	Collection & Monitoring Division, Treasury		
Tellers Only)			Department (CMD-TD)		
Confirmation Slip with	n List of R	equirements	Training Division, Product and Standard		
			Department	(TD-PSDD)	
CLIENT STEPS	AGENC	Y ACTION	FEES TOPROCESSINGPERSONBE PAIDTIMERESPONSIBLI		
1. Submission of	1.1. Eva	luation of the	First three	5 minutes	Training Staff &
Endorsement		orsement	(3) training		Division Chief
Letter from TEMD-	Lett	er	participants		III (TD-PSDD)
NCR requesting			are FREE		
training (Newly Approved Agents					
Only);					

of

of

None

5 minutes

Training Staff





CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Payment of Training Fee of Php 300.00 per additional teller/operator to the CMD-TD Window No. 4 (Additional Operators/Tellers Only); and	 3.1. Preparation and approval of Order of Payment to be issued to the applicant 3.2. Confirmation of Training Schedule 3.3. Enlistment of training participant/s 	Php 300.00 per participant	10 minutes	Training Staff & Division Chief III (TD-PSDD)
4. Present Official Receipt (Additional Operators/Tellers only) and/or confirmation of the training schedule and briefing on training rules and requirements.	 confirmation slip 4.2. Briefing of the requirements for the scheduled training 4.3. Issuance/release of confirmation 	None	15 minutes	Training Staff & Division Chief III (TD-PSDD)
	ewly Approved Agents)	None	25 minutes	
	onal Operators/Tellers)	₱300.00	30 minutes	
		per participant		

13. ISSUANCE OF IDs OF LOTTO AGENTS AND TELLERS FOR THE NATIONAL **CAPITAL REGION**

Newly trained Lotto Agents/Operators/Tellers who passed the Post-Evaluation Examination administered after every training session shall be entitled to an ID. Only Lotto Agents/Operators/Tellers with named Training IDs are allowed to operate in the PCSO Lotto Outlets. This process involves the application/request for the issuance of new and additional IDs, renewal of IDs about to expire, and replacement of lost IDs of agents/operators/tellers of outlets operating in the National Capital Region.

			l Standard De ining Divisio	evelopment Dep n (TD)	partment
Classification:		Simple		× 7	
Type of Transaction: G2B – Gove			rnment to Bu	ısiness; G2C –	Government
		to Citizen			
Who May Avail:		Trained Lot	to Agents/Op	erators/Tellers	of Lotto
		Outlets of N	ational Capit	al Region	
Availability of Servi	ce:	8:00am-5:00)pm, Monday	to Friday	
CHECKLIST OF	REQUIR	EMENTS	V	VHERE TO SEC	URE
Training Certificate	(Request	for New ID			
and Replacement of	of Lost ID)				
Unexpired Lotto ID	(Request	for Renewal			
of ID)	· ·		Applicant		
Authorization Letter	and Phot	tocopy of	Applicant		
Valid Identification					
(Request for New a					
Transfer of Agent)					
ID Log Sheet			Training Div	ision, Product ar	nd Standard
Order of Payment			Department		
Official Receipt			Collection & Monitoring Division, Treasury		
			Department (CMD-TD)		
CLIENT STEPS	AGENO	CY ACTION	FEES TO	PROCESSING	PERSON
			BE PAID	TIME	RESPONSIBLE
	1.1. Eva			E instante e	T
1. Presenting of		aluation of	None	5 minutes	Training Staff &
requirements and	pre	sented/	None	5 minutes	Division Chief
requirements and filling out of ID Log	pre sub	sented/ mitted	None	5 minutes	
requirements and filling out of ID Log Sheet:	pre sub req	sented/ omitted uirements	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training	pre sub req 1.2. Ver	sented/ omitted uirements rification of	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (<i>New ID or</i>	pre sub req 1.2. Ver app	sented/ omitted uirements rification of	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (New ID or Replacement	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (<i>New ID or</i>	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (New ID or Replacement of ID); or b. Unexpired Lotto ID	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (New ID or Replacement of ID); or b. Unexpired Lotto ID (Renewal of	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (New ID or Replacement of ID); or b. Unexpired Lotto ID (Renewal of ID); or	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (New ID or Replacement of ID); or b. Unexpired Lotto ID (Renewal of ID); or c. Authorization	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (New ID or Replacement of ID); or b. Unexpired Lotto ID (Renewal of ID); or c. Authorization Letter and	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (New ID or Replacement of ID); or b. Unexpired Lotto ID (Renewal of ID); or c. Authorization Letter and Photocopy of	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (New ID or Replacement of ID); or b. Unexpired Lotto ID (Renewal of ID); or c. Authorization Letter and Photocopy of Agent's Valid	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (New ID or Replacement of ID); or b. Unexpired Lotto ID (Renewal of ID); or c. Authorization Letter and Photocopy of Agent's Valid ID (New and/or	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief
requirements and filling out of ID Log Sheet: a. Training Certificate (New ID or Replacement of ID); or b. Unexpired Lotto ID (Renewal of ID); or c. Authorization Letter and Photocopy of Agent's Valid	pre sub req 1.2. Ver app	sented/ omitted uirements ification of olicant's	None	5 minutes	Division Chief





CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Payment of ID Fee of Php 100.00/ Php 80.00 to the CMD- TD Window No. 4; and	2.1. Preparation and approval of Order of Payment to be issued to the applicant	Php 100.00 per New, Additional, or Replacement of ID Php 80.00 per Renewal of ID	10 minutes	Training Staff & Division Chief III (TD-PSDD)
3. Presenting of Official Receipt and Enrollment/ Updating of ID details	 3.1. Encoding/ updating of details, and picture taking for ID 3.2. Release of ID 	None	10 minutes	Training Staff
	TOTAL	₱100.00/ ₱80.00 per ID	25 minutes	

14. PROCESSING AND RELEASING OF CHECK/S FOR PAYMENT OF CLAIMS CHARGEABLE AGAINST OPERATING FUND

Processing of checks for payment of expenses for utilities, rentals, purchases from suppliers, and other transactions that are chargeable against the Operating Fund.

OFFICE/DEPARTMENT/DIVISION:	Administrative Sector, Treasury Department		
OFFICE/DEFARTMENT/DIVISION.	(TD), Operating Fund Disbursement Division		
CLASSIFICATION:	Simple		
TYPE OF TRANSACTION:	Government to Client/Government to		
TTPE OF TRANSACTION.			
	Government/Government to Business		
WHO MAY AVAIL:	Various clients with claims		
CHECKLIST REQUIREMENTS	WHERE TO SECURE		
1. Duly approved Request for	Office of the General Manager (OGM)		
Payment (RFP)	Office of the Assistant General Manager –		
Disbursement Voucher (DV)	Management Services Sector (OAGM-MSS)		
together with complete			
documents for the following:			
 Advertising Expenses (TV, 			
Radio, Print/Outdoor/LED			
Billboards, Airtime			
facilities/Out of Home			
Advertisements and Social Media)			
Janitorial Services			
Trainings and Seminars			
Purchases of Goods,			
Supplies and Materials,			
Repair/Replacement of			
service parts			
Reimbursements			
Emergency			
Repair/Replacement of			
parts/Installation of various			
Office Equipment			
Meal Expenses			
Gasoline, Parking, Toll fees			
and Transportation Expenses			
LTO Registration			
Security Services			
Retirement Benefits			
Terminal Leave Benefits			
Other transaction/s			





CLIENT STEPS	AGENCY ACTION	FEES TO BE PAI D	PROCESSING TIME	RESPONSIBLE PERSON
1. Transmit duly processed Request For Payment (RFP)/ Disbursemen t Voucher/s (DV) to Operating Fund Disbursemen t Division (Window 2)	 1.1 Receive approved DV/ RFP. Stamp individual RFP/DV "RECEIVED and affix initial date and time. ➢ In case of missing or unlisted DV/ RFP, if any, with appropriate notation to OAGM Or OAGM-MSS 	None	Within thirty (30) minutes	Cash Clerk/ Alternate Staff
	 1.2. Review pre- audited RFP/DV Verify completeness of the RFP/DV (name of the payee, signatories date and amount of the voucher) Search for the voucher number and click " REVIEW" Box Forward the DV/RFP to the Cashier for check preparation Attach monitoring slip 	None	Within thirty (30) minutes	Cashier/ Alternate Staff



1.3 Assign and Print Check	None	Within three (3) hours	Cashier/ Alternate staff
For CAS transactions:			
Assign check (Note: CAS automatically generates Check Number)			
Preview the Check and verify the following details:			
 Name of Payee Amount Date Signatories 			
 In case of inaccuracies in Check entries click "VOID" and prepare another one. 			
 Print the approved DV 			
Print the Check			
1.4. Verify, affix initial and sign on printed check			
For 300k & Below:			
 Counter-check the following details of the check with approved DV: 	None	Within two (2) hours	Cashier
 Name of Payee Date of Check Amount 			



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 		1	[]
 Digitized signature of co- signatory (AGM-MSS) 			
• If in order, affix initial in the payment details portion of the Check voucher	None	Within four (4) hours	Cashier III/ Cashier II
 If in order, forward the check to the DC for signature 			Division Chief (DC)
<u>For Checks Above</u> <u>P300k- 500K</u>	None	Within one (1) hour	Division
 Counter-check the following details of the check with approved DV: Name of Payee Date of Check Amount Digitized signature of cosignatory (AGM-MSS) 	NUTE	noui	Chief (DC)
 If in order, affix initial in the payment details portion of the Check voucher The DM approve 		Within three (3) hours	Department Manager/
and sign the check (as Co- signatory) <u>For Checks Above</u>			Designated Alternate signatory
<u>500K</u>		Within one (1) hour	Division
 If in order, affix initial in the payment details portion of the Check voucher 			Chief (DC)





	 The DM approve and sign the check (as Co- signatory) Forward the check to the OGM for 			DM/ Designated Alternate Signatory General
2. The staff from the Office of the GM forward the manually signed checks by the GM to Treasury Department	signature 2.1 Receive the manually signed checks 2.2 Record in the Check Disbursement Registry of checks Available for Release	None	Within one (1) hour	Manager Cashier/ Alternate Staff
	3. Transmit checks to Branch Cash Transaction Division (BCTD) that are intended for Branch Operations Sector (BOS)	None	Within one (1) day	Cashier/ Alternate Staff
	4. Notify payee via email or thru phone call or any means of communication of the availability of check for release	None	Within two (2) days	Cashier/ Alternate Staff
TOTAL		None	5 working days	

DISCLOSURE STATEMENT:

- 1. The processing time of 5 working days and 1 hour commence from receipt of DVs/RFPs with complete documents up to the notification of availability of checks for release of payees/beneficiaries through email, phone call and other means of communication.
- 2. The duration of activity is under normal circumstances.



15. PROCESS FOR RELEASING OF CHECK CHARGEABLE AGAINST OPERATING FUND

Release of checks for payment of claims that are chargeable against the Operating Fund

OFFICE/DEPARTMENT/DIVISION:	Administrative Sector, Treasury Department,
CLASSIFICATION:	Operating Fund Disbursement Division
TYPE OF TRANSACTION:	Simple Government to Client/Government to
ITTE OF TRANSACTION:	Government/Government to Business
WHO MAY AVAIL:	Various clients with claims
CHECKLIST REQUIREMENTS	WHERE TO SECURE
1. Valid Government issued ID's of p	
authorized representatives ✓ National ID	Government Office Concerned
 ✓ National ID ✓ Alien Certificate of 	
Registration ✓ Barangay ID	
 ✓ Barangay ID ✓ Employment ID 	
✓ Driver's License	
✓ DSWD-4Ps	
✓ AFP/PNP	
✓ HDMF (PAG-IBIG)	
✓ GSIS e-card	
✓ IBP ID	
✓ NBI ID/Clearance	
✓ OWWA ID	
✓ Philhealth card	
✓ Police Clearance Certificate	
✓ Postal ID	
✓ PRC ID	
✓ Senior Citizen's Card	
✓ SSS ID Card	
✓ TIN ID (BIR)	
✓ UMID	
 Passport-Philippine or 	
Foreign	
✓ Voter's ID	
✓ NCWDP ID	
	Claimant/Daylog (Authorized Depresentative
2. Duly notarized Special Power of	Claimant/Payee/Authorized Representative
Authority (SPA)/	Claimant/Davaa/Authorized Daprocentative
Authorization (for authorized	Claimant/Payee/Authorized Representative
representatives)	
3. Invoice	
Acknowledgement Receipt (AR)	



	CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1.	Presents valid I.D./s and/or SPA (for authorized representatives) to Operating Fund Disbursement Division (Window 2)	 Verification of requirements presented by the Claimant/client 	None	5 minutes per transaction (Steps 1 to 3)	Disbursing Officer/ Cashier
2.	, Issues Cash Invoice/ Acknowledgment Receipt (AR)	 Receive and validate the veracity of Cash Invoice and attach the same to the Disbursement Voucher (DV) 	None		
	For refund of Cash Bond payable to the business name and In the absence of Invoice, Issues Duly Notarized Acknowledgement Receipt or Notarized Deed of Undertaking				
3.	Receives check and affixes signature in the following:	 Releases check and require client to sign the following: 	None		
	a. Box D of the DV	a. Box D of the DV			
	 b. Acknowledgement Receipt portion of the check c. Check Disbursement Registry 	 b. Acknowledgeme nt Receipt portion of the Check c. Check 			
		Disbursement Registry			

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4. The claimant takes the CSM survey	 Request the claimant to take CSM survey 	None		Disbursing Officer/ Cashier
TOTAL		None	5 minutes per Check transaction	





INTERNAL SERVICES



1. PAYMENT OF CASH CLAIMS CHARGEABLE AGAINST THE CASH ADVANCE FOR OPERATING FUND

Payment of PCSO related payments or reimbursements being paid over-the-counter by the TD authorized CDO that are being charged against this fund

Office/Department/Divis	sion:			ector, Treasury Fund Disbursem	
Classification:		Simple			
Type of Transaction:		Governm	ent to C	Client	
Who May Avail:				es (Organic)	
CHECKLIST OF REQU	REMENTS		WH	IERE TO SECU	JRE
1. Duly Audited Payroll		Departme		ces concern	
2. Invoice/s (Inspected		Originatin			
ABD), when applicat		Originatin			
3. Processed Petty Cas					
(PCV), when applica	ble				
CLIENT STEPS	AGENCY A	CTIONS	FEE S TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Present the following	1. Receives	and	None	10 minutes	Cash
for payment to	reviews th			per	Disbursing
Operating Fund	following:			transaction	Officer/ Cashier
Disbursement	_				
Division (window 2)					
a. Fully processed and audited payrolls	in the s payrolls	t reflected submitted s/ ents for			
b. Inspected Invoice (when applicable)	b. Check accura y	the cy/validit	None		
c. Processed PCV, (when applicable)					
 Receives payment/ reimbursement of claims 	 Pays/reint the claint 	mburses ns of the	None	5 minutes per transaction	Cash Disbursing Officer/ Cashier
3. Count the money before leaving the counter.		the to count ey before			





4.	The claimant takes the CSM survey	leaving the counter. 4. Request the claimant to take the CSM survey	None		Cash Disbursing Officer/ Cashier
	TOTAL		None	15 minutes per transaction	

Note: Cash advance is being liquidated as soon as it is utilized and when necessary, a new cash advance is drawn.



2. PROCESSING FOR RELEASING OF CHECK CHARGEABLE AGAINST **OPERATING FUND**

Release of checks for payment of claims PCSO employees (Organic and Non Organic) (1st and last salary, Honorarium, Per Diems of the BOD, Educational grants, reimbursements, unpaid draw pay, RATA, monetization, terminal leave pay, uncollected benefits) that are chargeable against the Operating Fund

OFFICE/DEPARTMENT/DIVISION	Administrative Sector, Treasury Department, Operating Fund Disbursement Division
CLASSIFICATION:	Simple
TYPE OF TRANSACTION:	Government to Client
WHO MAY AVAIL:	Various PCSO employees (Organic & Non organic) with claims
CHECKLIST REQUIREMENTS	WHERE TO SECURE
1. Valid Government issued ID's or	Claimant/ Authorized Representative,
authorized representatives	Government Office Concerned
✓ National ID	
✓ Alien Certificate of	
Registration	
✓ Barangay ID	
 Employment ID 	
✓ Driver's License	
✓ DSWD-4Ps	
✓ AFP/PNP	
✓ HDMF (PAG-IBIG)	
 ✓ GSIS e-card ✓ IBP ID 	
 ✓ NBI ID/Clearance 	
✓ OWWA ID	
✓ Philhealth card	
✓ Police Clearance	
Certificate	
✓ Postal ID	
✓ PRC ID	
✓ Senior Citizen's Card	
✓ SSS ID Card	
✓ TIN ID (BIR)	
✓ UMID	
✓ Passport-Philippine or	
Foreign	
✓ Voter's ID	
✓ NCWDP ID	Claimant/Payee/Authorized Representative
2. Duly notarized Special Power	Claimant rayeerAutionzeu Representative
of Authority (SPA)/	Claimant/Payee/Authorized Representative
Authorization (for authorized	
representatives)	



CLIENT STEPS	AGENCY ACTION	FEES To be Paid	PROCESSING TIME	RESPONSIBLE PERSON
1. Presents valid I.D./s and/or SPA (for authorized representatives) to Operating Fund Disbursement Division (Window 2)	 Verification of requirements presented by the Claimant/client 	None	5 minutes per transaction (Steps 1 & 2))	Disbursing Officer/ Cashier
2. Receives check and affixes signature in the following:	 Releases check and require client to sign the following: 	None		
 a. Box D of the DV b. Acknowledgeme nt Receipt portion of the check c. Check Disbursement Registry 3. The client takes the CSM survey 	 a. Box D of the DV b. Acknowledgeme nt Receipt portion of the Check c. Check Disbursement Registry 3. Request the client to take the CSM survey 			
TOTAL		None	5 minutes per Check transaction	



3. ISSUANCE OF CERTIFICATE OF NO CASH ADVANCE/CERTIFICATE OF CONTRIBUTION AND LOAN PAYMENTS FOR PAG-IBIG, PHILHEALTH, GSIS

The General Accounting Division (GAD) of the Accounting and Budget Department provides employee service thru the issuance of various certifications needed for their personal consumption and for operational purposes.

Office/Department/Division:	PHILIPPINE CHARITY SWEEPSTAKES OFFICE GENERAL ACCOUTNING DIVISION ACCOUNTING AND BUDGET DEPARTMENT				
Classification:	SIMPLE				
Type of Transaction:	G2G				
Who May Avail:	EMPLOYEES W UPDATE THE REMITTANCES RENEWAL OF T	, AND LEGAL DEPARTMENT FOR THE THE EMPLOYEES' FIDELITY BOND			
CHECKLIST OF REQUI	REMENTS	WHERE TO SECURE			
General Requirement:					
Request for Certification certifications needed.	Form for all	From General Accounting Division. GAD Personnel/Binder III			
 Specific Requirements: A. CERTIFICATION OF ADVANCE Employees without advance Complete Name Department and verification) Purpose Employees with advance as per acc but already liquidated a. Complete Name Department and verification) Purpose Copy of approvide to the set cash advance (for re- bond) Complete Name Department and verification) 	existing cash d Sector (for existing cash counting records d Sector (for oved liquidation ting unliquidated enewal of fidelity				



c. Purpose				
 B. CERTIFICATE OF C FOR PAG-IBIG, PH GSIS 1. Complete name (if specify maiden nam 2. PAG-IBIG/PHILHEA number (for verificat 	ILHEALTH AND married, please (e) ALTH/GSIS		ag-ibig/ GSIS if t with the date	he employees are
 C. CERTIFICATE OF LC FOR PAG-IBIG AND G 1. Complete name (if specify maiden nam 2. PAG-IBIG or GS verification) 3. Date of Loan Grantee 	SIS f married, please le) IS number (for			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Submit request to General Accounting Division (GAD), together with the complete	1.1. Receive the requirements needed.		15 mins	GAD Personnel/Binder III
requirements.	1.2. Endorse the requirements to GAD staff designated to handle the transactions pertaining to the request		15 mins	GAD Personnel/Binder III
	1.3. Verify the submitted requirements/ information if matches with the accounting records;		30 mins	GAD staff designated to handle the specific type of transactions
	1.4. If in order, draft the required certification, indicates the initials of GAD		30 mins	GAD staff designated to handle the specific type of transactions



	the preparation of the			
	certification and submit to the Division Chief.			
	1.5. Review the certification, affix initials and endorse to the Department Manager (DM).	None	30 mins	Division Chief
	1.6. Affix signature in the certification and endorse to GAD staff for release.	None	30 mins	Department Manager
	1.7. Inform the Requesting personnel for the availability of the Certificate	None	30 mins	GAD Personnel/Binder III
2. Receive the Certification	2. Log the certification and release to the requestor.	None	15 mins	GAD Personnel/Binder III
TOTAL	None		1 working	day



4.PROCESSING OF ACKNOWLEDGEMENT RECEIPT OF EQUIPMENT AND INVENTORY CUSTODIAN SLIP

The Assets Management Division, Assets and Supply Management Department (ASMD) processes the request of the Procurement Division, General Services Department for the preparation of Acknowledgment Receipt of Equipment (ARE)/Inventory Custodian Slip (ICS) as attachment for the processing of payment.

Office or Division:			Supply Manager agement Division	nent Department,
Classification:		Simple Tran	sactions	
Type of Transaction	n:	Government	t to Government	
Who may avail:		PCSO's Ger	neral Services De	partment (GSD)
CHECKLIST OF RE	QUIREMENTS		WHERE TO SEC	URE
None	1			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Procurement Division, General Services Department submits the photocopies of Sales Invoice, Purchase Request and IAR for the preparation of ARE/ICS, whichever is applicable	 Accepts the Sales Invoice, Purchase Request and Inspection and Acceptance Report (IAR) (photocopied) relative to newly purchased / delivered equipment and machineries procured through the GSD/BAC. Assigns a property number/tag number in the Record Book for the newly purchased item/s. Prepares ARE/ICS (3 copies) and tag sticker with the assigned property number/tag number and description/s of the item(s) and endorses to the Department Manager for his/her signature. Issues ARE/ICS to the concerned employee for signature. 	None	1 hour and 15 minutes	Property Appraiser / Assigned Assets Management Division Personnel



5	. Provides duplicate		
	copy of signed		
	ARE/ICS.		
6	6. Attaches the tag		
	sticker on the item and		
	makes a permanent		
	visible marking of the		
	item's property		
	number for future		
	reference. Placement		
	of tag stickers on the		
	items should be		
	guided by the		
	following:		
•	For ICT Equipment,		
	sticker should be		
	placed on the top part,		
	except for Computer		
	Monitors which should		
	be placed on the upper		
	right side (center part, if upper right side is		
	not possible) of its		
	back portion.		
	For Air-conditioner,		
	sticker should be		
	placed on the right		
	side of the item (i.e.		
	split-type, window-		
	type, floor mounted)		
•	For Furniture and		
	Chairs, sticker should		
	be placed on the side		
	of the right armrest,		
	and on the leg if with		
	no armrest.		
•	For Appliances and		
	Accessories, sticker		
	should be placed on		
	the upper right side of		
	its back portion (for		
	fans, sticker may place		
	near the buttons		
	instead)		
•	For Partitions, sticker		
	should be placed on the upper/glass		
	the upper/glass portion since this is		
	usually the part that is		
	easily seen.		



• For a	ll other assets,		
genei	ally, sticker		
shoul	be placed on		
	p, base portion		
	per right side		
	back, as		
	ole), as fitting.		
	Motor Vehicles,		
	ate copy of the		
	ARE will not be		
-	diately provided		
as	this will be		
endor			
	val from the		
AGM	for		
	istrative Sector.		
Once	signed, the		
	-		
duplic			
provid			
	rned employee.		
	les copy to the		
GSD	for payment		
purpo			
	the same in the		
	ory System.		
	ARE/ICS to its		
desig	nated folder.	L	
ТО	AL	1 hour	
		15 minu	ites



5.PROCESSING OF PROPERTY ACCOUNTABILITY

The Assets Management Division, Assets and Supply Management Department (ASMD) processes the request of PCSO employees for Condemnation, Transfer, Relief and Return from Property Accountability.

Office or Division:			Supply Manageme	nt Department,
Classification:		Simple Transactions		
Type of Transaction:		Governmen	t to Government	
Who may avail:		PCSO Main	Office	
CHECKLIST OF REQUIR	EMENTS		WHERE TO SEC	URE
Reque	st Form	Assets ar	nd Supply Manager (ASMD)	nent Department
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a Request Form (Condemnation, Transfer, Relief from Property Accountability and Return of Property)	 ASMD personnel provides the Request Form to the requesting department representative 	None	30 seconds	Clerk / Secretary
 Submit the duly approved Request Form 	 Receives the duly approved Request Form. Surrender item/s if for Condemnation/ Storage of property/ies; For transfer of property/ies, ASMD prepares the Acknowledgment Receipt of Equipment (ARE)/Inventory Custodian Slip (ICS) (3 copies) and endorses to the Department Manager for his/her signature For Motor Vehicles, duplicate copy of the signed ARE will not be immediately provided as this will be endorsed for final approval from the AGM for Administrative Sector. Once signed, the duplicate copy is 	None	15 minutes	Assets Management Division Personnel





то	TAL	None	15 minutes and 30 seconds	
	 concerned employee. 3. Issues ARE/ICS to the concerned employee for signature. 4. Provides duplicate copy of signed ARE/ICS. 5. Updates the Inventory system 			
	provided to the			



6. PROVISION OF REQUEST FOR SERVICE VEHICLE PROCEDURE

This procedure involves the steps on how to avail the service vehicle by employees needing transportation in transacting official business/es outside the PCSO premises.

Office/Department/Division: Administrative Sector, General Services Department, General Services Division Department, General Services Division					
Classification:		Simple			
Type of Transaction	n:	G2G			
Who may Avail:			icials and Employe	es	
	REQUIREMENTS		WHERE TO SEC	URE	
1. Vehicle Request		General Serv	ices Department –	General Services	
•	rip Ticket Form (SVTTF)	Division	·		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON	
1. Fills up Part 1 of VRF and A. of SVTTF	1.1 Receives and accomplishes Part II of VRF, verifying available drivers/vehicle and approval or disapproval of the request.	None	Within 20 minutes	Administrative Assistant Senior Transportation Regulations Officer GSD Manager/ or duly his authorized representative	
2. Waits to be informed of the available transportation	2.1 Informs the requestor of the approved request.	None	Within 5 minutes	Senior Transportation Regulations Officer	
service.	2.2 Assigned driver accomplishes Part C of the SVTTF attached to the VRF and provides duplicate copy of the SVTTF to the Security Guard on duty on the entrance parking of Conservatory Shaw Plaza Building.	None	Within 2 minutes	Assigned Driver	
3. Proceeds with the official travel.	3.1 Drives the vehicle to its destination.	None	N/A	Assigned Driver	







7. REQUEST FOR RECORDS

This procedure applies to requisitions pertaining to official and/or public documents being maintained and secured by the Central Records and Library Division.

Office/Department/Division:Administrative Sector, General Services Department, Central Records and Library Division				
Classification:		ntrai Records and	LIDIARY DIVISION	
Type of Transaction:		vernment to Gover	nment	
Who May Avail:		SO Officials and E		
CHECKLIST OF REQ			E TO SECURE	
A. CRLD Request Slip	S	CRLD-	GSD	
		FEES		
CLIENT STEPS	AGENCY AC	TION TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Secure Request Slip from CRLD				
2. Accomplishes the Request Slip	 2.1 Receives accomplis request sli 2.2 Evaluates purpose/ uthe type or document requested approves/ disapprove/ disapproves/ disapproved is for offici legal use consistent FOI.) 	hed ip. the use and f being and es the es the of the re when it ial and	1 minute	Records Officer IV/ Records Officer III/ Records Officer I/
	2.3 Locates a retrieves r on file.	ecords	5 minutes when specific and complete information is provided as regards the records being requested	Records Officer IV/ Records Officer III/ Records Officer II
	1.3 Releases th records	ne None	1 minute	Records Officer IV/ Records Officer III/ Records Officer II
Total		None	6 minutes	





8. WORK PROCESS REQUEST

This procedure applies to requisitions being received by the General Services Division for repairs, fabrication, construction and general services concerns.

Office/Department/D	ivision:	Administrative Sector, General Services Department, Genera Services Division			ment, General
Classification:		Simple			
Type of Transaction:			ernment ((G2G)	
Who May Avail:	-	PCSO Officials and			
CHECKLIST OF REQ				TO SECURE	
A. Job Request Form				Services Departm	ent-GS Division
				load from the PCS	
			FEES	DDOOFOOINO	
CLIENT STEPS	AGENO	CY ACTION	TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Requesting personnel/ office secures and fills up JRF from GSD or the PCSO website.	Job req	1.1 Receives accomplished Job request form.1.2 Records all requests.		5 minutes	Administrative Assistant/ Requesting party
	 1.3 Evaluates the concern and determine nature of work requested. 1.4 Assigns to the Appropriate section/Technician 		None	10 minutes	Engineer V/ Section Chiefs
	the acti 1.6 Perform approp - If sp mate or ne may - If sp mate avai cont requ JER perti the p need - In ca is fo strue	es and determines ion to be taken. Ins the following riate actions: pare parts and erials are available ot required, repair proceed. pare parts and erials are not lable and/or outside tract services are uired, accomplish and PR and other inent documents for purchase of the ded materials ded. ase a major defect und in the cture/equipment of ed office spaces	None	 if spare parts are available or not required and non- availability of GSD Technician – for scheduling and to be prioritized if spare parts are available or not required – within the day will go to the PR process if materials and outside 	Engineer V/ Section Chiefs/ GSD Technician





Provides feedback, remarks, and acknowledge the job performed.	and building, inform the Section Chiefs. 1.7 Assigned GSD personnel/ technician accomplishes the actual job performed, status, and remarks on the JRF 1.8 Request the client (requesting office) to acknowledge the job performed and provide feedback/ remarks.		services are required	
	1.9 Submits the duly acknowledged JRF to the respective Section Chief			
	1.10 Records and files completed JRF 1.11 Logs records	None	Within 15 minutes	Administrative Assistant
Total		None	one (1) hour to one (1) day	



9. ISSUANCE AND REPLACEMENT OF PCSO IDENTIFICATION CARD

This procedure starts from creating identification card up to releasing to employee/personnel. The Human Resources Department manage the creation of identification card of officials/employees.

Office/Department/Di vision:	Human Resources Department					
Classification:	Simple					
Type of Transaction:	G2G – Government te	o Gove	ernment (Official of Employe	e	
Who May Avail:	PCSO Officials and E	PCSO Officials and Employees				
CHECKLIST OF REQUI	REMENTS	IENTS WHERE TO SECURE				
a. Duly accomplishe		Huma	an Resou	rces Department		
	ffice ID/MAP HRD					
Form No. 2015-0	2					
b. Special Order						
c. If lost, Affidavit of						
d. If for replacemen	t, old ID					
CLIENTS STEPS	AGENCY ACTIO	N	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON	
a. Secure	a. Receive		None	5 minutes	Administrative	
Personnel	complete/duly				Assistant II	
Information for Office ID/MAP	accomplished fo and other	JIII				
HRD Form No.	requirements fro	h				
2015-02	new	5111				
2010 02	employee/perso	nne				
b. Submit	I and for reques					
accomplish the	ID replacement					
form and other						
requirements						
for request for	For new					
new/	employees/personne	l,				
replacement of	receive duly					
ID	accomplished form a					
	other requirements su	uch				
	as Special Order.					
	For ID replacement,		None	5 minutes	Administrative	
	receive affidavit of los	-			Assistant II	
	case of loss; in case					
	dilapidation and chan					
	in name or change in					
	entries.					
	b. Verify data indic	ated				
	in the accomplis					
	form and check	-				
	submitted					
	requirements					





	c. Check if the submitted requirements are complete and verify data indicated in the accomplished form	None	1 hour	Administrative Assistant II
	d. Create or update employee/personnel database		4 hours	
	Attach ID picture (emailed by the Corporate Planning Department)		30 minutes	Administrative Assistant II
	For change in name or entries in the ID, update data base	None	10 minutes	
c. Sign the logbook as	e. Print ID a. Release ID	None	10 minutes	Administrative
proof of released of	a. Release ID	INUTIE		Assistant
	TOTAL	None	1 working day	

PHILIPPINE CHARITY

10. REQUEST AND RELEASE OF CERTIFICATE OF EMPLOYMENT WITH EMOLUMENT

This procedure starts form receiving document request up to releasing or certified true copy of the documents. This procedure manages the creation, revision and approval of document request.

Office/Department/Division:	Human Resou	urces D	epartmen	t		
Classification:	Simple					
Type of Transaction:	G2G – Goverr	nment t	ment to Government Official of Employee			
Who May Avail:	PCSO Official					
CHECKLIST OF REQUIREME	ENTS	WHEF	RE TO SE	CURE		
Company ID			oyee Welfa urces Dep	are and Benefits Di artment	vision - Human	
CLIENTS STEPS		ON	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON	
1. Make a Request for Certificate of Employment with Emolument	a. Receives request		None	30 Minutes	Senior Personnel Specialist	
	b. Review/update employee's record of appointment, salary grade, allowances and other benefits		None	45 Minutes	Senior Personnel Specialist	
	c. Print Certif of Employr and check details	nent	None	5 Minutes	Senior Personnel Specialist	
	d. Sig/certify correctness of the certificate		None	5 minutes	Division Chief III EWBD	
2. Sign the logbook as proof of receipt of documents	e. Release Certificate		None	1 Minute	Senior Personnel Specialist	
TOTAL			None	1 hour and 26 minutes		

REQUEST FOR HR-RELATED DOCUMENTS (SERVICE RECORD, 11. **CERTIFICATE OF EMPLOYMENT)**

This procedure starts from receiving document request up to releasing of certified true copy of the documents. This procedure manages the creation, revision and approval of document request.

Office/Department/Division: Human Resources Department						
Classification:						
			iovern	rnment to Government Official of Employee		
Who May Avail: PCSO Officia						
CHECKLIST OF REQUIREMENTS WHERE TO SECURE						
Company ID			Pers	onnel Re	elations and Serv	ices Division,
			Hum	an Resc	ources Departmer	nt
CLIENTS STEPS	AGEN	CY ACTIO	N	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Make a request and fill-up the Request for Documents Form	1.1. Receives employees' documents request		uest	None	10 Minutes	Senior Administrative Assistant
	1.2. Review service card and update requested documents			None	2 working days review for certificate of employment	Senior Administrative Assistant
	 1.3. If the requested certificate is with emolument, review the allowances and other benefits, (service record, certificate of employment). 1.4. Print/ initial service record, certificate of employment or certificate of employment or certificate of employment with emolument forward to Personnel Specialist II for another checking 		None	30 minutes review with proof reading of service record and certificate of employment	Senior Administrative Assistant	
	and initials. 1.5. Check document details For Service Record a) Check the			None	2 days	Senior Administrative Assistant
		Record of			30 Minutes	



PHILIPPINE CHARITY 5 SWEEPSTAKES OFFICE

without pay For Certificate of Employment a) If the certificate is, updated personnel-in- charge initial the certificate before endorsing the same to the Division Chief lii. b) If the certificate is with correction,	leaves absences without pay, appointment and salary grade if updated. b) If the service record is updated, initial the service record before endorsing the same to Personnel Specialist I. c) If the service record is with correction, revise and return to Senior Administrative Assistant II to update and print. d) Check the Record of leaves and absences	30 Minutes	
certificate and return to the Senior Administrative	without pay For Certificate of Employment a) If the certificate is, updated personnel-in- charge initial the certificate before endorsing the same to the Division Chief lii. b) If the certificate is with correction, revise the certificate and return to the Senior		





	1.6. Review the Service Record Division Chief will verify	None	30 minutes	Division Chief III
	the service record 1.2. Sign/certify service record a) If updated and correct, Division Chief will sign/certify the documents b) If with correction, Division Chief will return the service record to Senior Administrative Assistant II to		30 Minutes	Division Chief III, PRSD
	update and print the documents.			
2. Sign the logbook as proof of released of documents	 2.1. Release Documents 2.2. Release the signed documents to the employee 		5 minutes	Senior Administrative Assistant
TOTAL		None	4 working days	





12. REQUEST FOR UPLOADING OF WEBSITE CONTENT

The service includes uploading of contents on the agency's corporate website such as PCSO articles, draw result details and bidding documents to inform the public. The process starts with updating the content of the website up to the creation of the feedback report.

Office or Division:	Information Technology Services Department (ITSD)			
Classification:	Highly Technical			
Type of Transaction:	G2G – Government			
Who may avail:	PCSO Corporate Pla			
	Committee (BAC), G	U U	chnology Departi	ment (GTD) and
	Data Security Division	on (DSD)		
CHECKLIST OF R			WHERE TO S	ECURE
Information or files to be			ed Department	
For CPD & BAC concer			CSO website	
Change Request Form	(CRF)		ww.pcso.gov.ph/	
			ads" tab, then clic	
			Form for Web U	pload" and print
		the form		
	no. Cotolo (Official	Comiror	Tashaalasu/Dara	anter ant (CTD) and
For GTD & DSD concer	ns: Colejo (Official			artment (GTD) and
Draw Results) Form		Data Sec	curity Division (D	50)
1. Details from the Cotejo Form will be				
encoded to the				
Information Sy				
system used to				
results to PCSO				
2. Scanned Cotejo	Form to be			
uploaded				
	AGENCY	FEES	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	TO BE	G TIME	RESPONSIBLE
4. A second lists the	Deserve Observe	PAID	15	
1. Accomplish the	Receive Change	None	15 minutes	For CPD and
Form	Request Form			BAC concerns:
(CRF) or Cotejo				ITSD-SWGD
For CPD & BAC: CRF Form together with the				personnel
information and files				For GTD & DSD
(soft copy) to be				concerns:
posted on the website				ITSD assigned
				personnel
	1			personner





For GTD & DSD: Cotejo Form with official draw results to be encoded on LRIS and posted on the website	Obtain content from: CPD – news, activities, directories, contact information, etc. BAC – for bidding concerns GTD & DSD – lotto draw and other game draw results	None	15 minutes	For CPD and BAC concerns: ITSD-SWGD personnel For GTD & DSD concerns: ITSD assigned personnel
	For CPD & BAC concerns: a. Upload files to be posted on the website b. Verify the execution of CRF	None	Within the day	ITSD-SWGD personnel
	 For GTD & DSD concerns: a. Encode the details from the Cotejo Form using LRIS b. Scan the Cotejo Form c. Upload the scanned Cotejo Form on the website 	None	30 minutes	ITSD assigned personnel



 2. Review the uploaded document and updates For CPD & BAC: Verify the updates and changes made on the website For GTD & DSD: DSD assigned personnel will verify the encoded lotto results and uploaded document on the website 	Inform the said departments that the information is already posted on the website	None	15 to 30 minutes	For CPD and BAC concerns: ITSD-SWGD personnel For GTD & DSD concerns: ITSD assigned personnel
 3. Acknowledge receipt of the service rendered For CPD & BAC: Affix client's signature on 	Request client to acknowledge receipt of the service by affixing client's signature on the form	None	10 minutes	ITSD-SWGD personnel
the Change Request Form	Document and file the accomplished Change Request Form	None	5 minutes	ITSD-SWGD personnel
For GTD & DSD: Receive copy of signed Cotejo Form from ITSD assigned personnel	Sign the Cotejo Form and give a copy to GTD & DSD	None	5 minutes	ITSD assigned personnel
	Document and file the original copy of Cotejo Form	None	5 minutes	ITSD assigned personnel
	TOTAL	NONE	3 HOURS	

PHILIPPINE CHARITY

13. TECHNICAL SUPPORT FOR INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT) – HARDWARE

Technical support for ICT hardware component is provided by the Information Technology Services Department – Network Administration and Technical Support (ITSD-NATS) Division to PCSO employees in need of assistance for technical problems in ICT equipment and devices such as printers, scanners, computers and its peripherals, network connection and internet connections. To improve the delivery of IT support services to its clients, the Job Order Request Electronic Logs (JOREL) Web Application was develop to track and generate ITSD-NATS Job Order reports for ICT Technical Support. The said application also provides a documented information on the entire process of IT support from the time the request is made, resolution of the problem up to provision of client feedback.

Office or Division:	Information Technology Services Department (ITSD) – Network Administration & Technical Support (NATS) Division				
Classification:	Highly Technical				
Type of	G2G – Government to Govern	nment			
Transaction:					
Who may	PCSO employees				
avail:					
	ST OF REQUIREMENTS WHERE TO SECURE				
	Desk (OHD) via PCSO	PCSO	Corporate Websi	te	
Website to report	ICT technical problem				
Memorandum fro department/office		Reque	sting department/	office	
Job Order Request Form			Go to PCSO website (<u>https://www.pcso.gov.ph/</u>) , click "Downloads" tab, the click "Job Order Request Form (ITSD)" and print the form		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Report the ICT- hardware related problem encountered using OHD.	Personnel shall access the OHD application for records on queue to view the clients' requests for ICT- hardware related problem.	None	15 to 20 minutes	ITSD personnel	
		None		ITSD-NATS	





Troubleshoot the reported technical problems For simple request For complex request (Note: provided that the parts are available)	None	 Within the day Within 3 working days 	ITSD-NATS personnel
Update the OHD ticket entry details on the diagnosis and solution entries	None	10 to 15 minutes	ITSD-NATS personnel
Review then close the OHD ticket	None	5 to 10 minutes	ITSD-NATS personnel
Total	None	Within the day for simple request Within 3	
		working days for complex technical problem	



14. ISSUANCE OF NO PENDING ADMINISTRATIVE CASE

The Certificate of No Pending Administrative Case is issued to PCSO employees, former employees who retired/resigned/was separated from the service. The certification states whether the above-mentioned individuals have no pending administrative case before the PCSO Legal Department.

Office/Departme	nt/Division:	Legal Department				
Classification:		Simple				
Type of Transact	tion:	Government to Government (G2G)				
Who May Avail:		PCSO Officials/Employees who will secure a loan from GSIS; those who will apply fidelity bond				
		Former PCSO employee who retired / resigned / was separated from the service				
CHECKLIST OF REQUIREMENTS	5	WHERE TO SECURE				
1. Duly accomplished Request Slip for Certificate of No Pending Administrative Case Form		Client will secure the request slip to the PCSO Lega Department, Secretary's Desk.				
	Card – one (1) one (1) photocopy	Client will provide the photocopy of the identificatio card.				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON		
1. Proceed to the Secretary/ Administrative Aide to fill up the request slip, submit the request with 1 valid ID	1. Check completeness of documents and stamped "received" the letter request indicating initials, date and time.	None	2 minutes	Secretary/ Administrative Aide Office of the Manager Legal Department		
	 Verify from the records if the requesting employee has / has no pending administrative case. After 	None	-if requesting employee has no pending administrative case, draft the Certification - 20 to 30 minutes -if requesting employee has	Legal Assistant/ Clerk IV Business and Legal Advisory Division Legal Department		
	determination of no pending case, draft the certification, affix initials		pending administrative case, draft letter informing the requesting employee of			





	and endorse to the Manager for approval		the status of the administrative case – 20 minutes to 24 hours.	
	4. If in order, and no pending case, affix signature and endorse the Certificate to the Secretary for releasing.	None	10 minutes	Department Manager Legal Department
2. Wait for feedback on the request for certification or notification that the Certification is ready for pick up	5. Log the certification and release to the requestor.	None	24 hours	Secretary Office of the Manager Legal Department
	TOTAL	None	24 hours	



15. NOTARIAL SERVICES

The Notarial Services is rendered to PCSO Offices/Departments involving contracts and other legal documents (i.e. affidavits, PDS, SALN).

0	ffice/Departme	nt/Division:	Legal Department		
	assification:		Simple		
T١	pe of Transact	tion:	Government to Government (G2G)		
_	ho May Avail:			rtment/offices	()
	CHECKL REQUIRE		v	WHERE TO SEC	URE
1		documents to be	Client will prov	vide the original se	ats of documents
	notarized				
2.		nment issued Card – one (1) e (1) photocopy	Client will identification of		notocopy of the
	CLIENT	AGENCY	FEES TO	PROCESSING	RESPONSIBLE
	STEPS	ACTION	BE PAID	TIME	PERSON
	Proceed to the Clerk IV/Administrati ve Assistant - JO	1. Checks completeness of the documents and stamped "received" the transmittal.	None	3 minutes	Clerk IV/Administrative Assistant - JO
4.	Get the receiving copy	 2. Stamps, records documents in the Notarial Register. Logs/records notarized documents 	None	Depends on the volume of documents	Clerk IV/Administrative Assistant – JO; PCSO Notary
5.	 a) For single transaction b)For voluminous documents, wait for the notification if the documents are ready for pick up 	3. Notifies the requestor if the documents were already notarized and ready for pick up	None	3 minutes Depends on the volume of documents	Clerk IV/Administrative Assistant - JO





6. Proceed to the Clerk IV/Administrati ve Assistant – JO	 4. Release of notarized documents: Ensure that the document/s to be released were properly recorded in the logbook; Have the requestor sign over his/her printed name in the logbook as proof of his/her receipt of the notarized document/s including date and time. 	None	5 minutes (for single transactions)	Clerk IV/Administrative Assistant - JO
	TOTAL	None	11 minutes	



16.IN-HOUSE PRINTING AND PRODUCTION OF OFFICIAL/ACCOUNTABLE FORMS AND OTHER PRINTED MATERIALS (HIGH VOLUME USING **OFFSET PRINTERS)**

Office or Division:	Security Printing and Production Department (SPPD)				
Classification:	Complex Transaction				
Type of Transaction:	G2G				
Who may avail:	All Departments/Offices	under F	PCSO		
CHECKLIST OF	REQUIREMENTS		WHERE TO S	ECURE	
Printing Request Form Sample lay-out of requ	(PRF) ested printed materials	Divisio	Processing and I n sting office/depar	C	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Requesting office/department submits duly signed Printing Request Form (PRF).	 Receives the duly signed PRF from the requesting offices/ departments. Checks completeness of documents and stamps "received" on the PRF; Records PRF and other pertinent details; Endorses PRF to the Processing and Monitoring Division (PMD). 	None	10 minutes	ODM Secretary / Administrative Aide III	





2. Evaluates the received printing request.	None	
 Receives and records the details of the PRF in the logbook. 	15 Minutes	PMD Supply Assistant
 Prepares Printing Order Form (POF) and assigns control number for easy monitoring of the printing job, and forwards the same to Supply Officer III. 		
 Checks availability of needed supplies and materials, and determines the type of the machine to be used. 	15 minutes	Supply Officer
• Signs the POF and endorse the same to the PMD Division Chief.		
 Certifies and signs POF with regards to the type of machine needed, design availability, volume needed, availability of printing supplies and 	10 minutes	PMD Division Chief



materials, and			
endorse the same to the Design and Production			
Division (DPD).			
 Receives the POF, records and logs relevant details, and assigns the preparation of the layout design to the available Creative Arts Specialist. 	None	10 minutes	DPD Production Planning & Control Officer IV (DPD PPCO IV)
4. Prepares the layout design based on the technical specifications or sample provided by the requesting office or department (<i>Pre-press</i> <i>activities</i>).	None	3 hours	DPD Creative Arts Specialist II or III
 Prepares and prints a sample layout, then endorses it to the Printing Quality Officer for proofreading and quality check. 		1 hour	(DPD CAS II or III) DPD Printing Quality Officer II (DPD PQCO II)
 Proofreads and checks the printed sample for compliance with the prescribed 			DPD CAS II or III DPD PPCO IV
specifications. If not compliant, returns it to the DPD CAS II or III for revision. Otherwise, the DPD PPCO IV accomplishes the Pre- Production			DPD Division Chief III (DPD DC III)



	Acceptance			
	Form (PPAF)			
	and has it			
	signed by the			
	DPD DC III,			
	then endorses it			
	together with			
	the sample, to			
	the requesting			
	office or			
	department for			
	confirmation			
	and			
	concurrence			
	regarding			
	completeness			
	and accuracy.			
2. Verifies,	5. Awaits confirmation	None	8 hours	DPD PPCO IV
confirms, and	from the requesting			
accepts the	office or			
correctness of	department. If			
the printed	corrections are			DPD DC III
sample(s) and	needed, informs the			DPD CAS II or
signs the	DPD DC III and			III
acceptance form;	instructs the DPD			
otherwise,	CAS II or III to make			
returns it to the	the necessary			
SPPD for	revisions to the			
revision.	layout; otherwise,			
	proceeds with the			
	finalization of the			
	layout for CTP plate			
	printing.	N1		
	6. Finalizes the layout	None		
	and prints CTP			
	plates.		1 hour	DPD CAS II or
	- Upon requirt of		1 hour	III
	Upon receipt of			111
	the approved			
	PPAF, the DPD CAS II or III			
	proceeds with the finalization			
	and printing of			
	the CTP plate			
	and endorses it			
	to the DPD		30 minutes	
	PQCO II for			DPD PQCO II
	quality			2.2. 000 1
	checking.			
	onconing.		l	



 Checks the printed CTP plate to ensure completeness and accuracy, if with correction returns to DPD CAS II or III for revision; otherwise, DPD PPCO IV endorses the said CTP plate to the Press and Bindery Division for printing. 		10 minutes	DPD CAS II or III DPD PPCO IV
 Accomplishes and signs POF. 			DPD DC III
 7. Prints and produces the requested printing materials (<i>Press activities</i>). Assigns POF to the appropriate Offset printer and coordinates with the PMD Supply Officer for the release of the needed paper supplies and other printing materials; 	None	10 minutes 2 hours	PBD Chief Pressman/ Division Chief III Paper Cutting Machine Operator or his
 Cuts and trims the bookpaper according to the prescribed size specification; 		2 hours	alternate Head Pressman/ Printing Machine
 Sets offset printer and prints samples 		15 minutes	Operator



output for proofreading;	2 days	PBD Chief Pressman/ Division Chief III/ QCD
sample print- outs; if with correction, returns to Printing Machine Operator for	2 00,0	Division Chief
revision; otherwise, proceed with mass production;		Head Pressman/ Printing Machine Operator
 Commences printing for full production. If serial numbers are required, proceed with the printing using the numbering machine; 	6 hours	Chief Pressman
Note: - There shall be periodic monitoring during the printing session to ensure the best quality output.		Paper Cutting Machine Operator or his alternate Chief Pressman
 Cuts and trims the printed forms and materials according to the required size. 	30 minutes	PBD Division Chief
 Forwards the printed forms and materials to the Quality 	30 minutes	



	Control		
	Division;		
)		
	Accomplishes		
	and signs POF.		
	8. Commences post-	None	
	press activities.		
	Gathers and	4 hours	Binders
	binds the		
	printed forms		
	and materials		
	based on the		
	requirements, if		Depar Cutting
	necessary put		Paper Cutting Machine
	label;		Operator or his
	Makes the		alternate
	necessary	1 hour	
	cuttings and		
	trimmings		
	adjustment of		QCD
	the printed		Sweepstakes
	forms and		Lottery
	materials;		Operations
			Officer III /
	Conducts	4 hours	Senior
	quality		Sweepstakes
	inspection and		Lottery Operations
	packing of the		Officer /
	printed forms and materials.		Ticket Checkers
	and materials.		
	If with defective	1 hour	Production
	printed		Planning and
	forms/materials,		Control Officer
	returns to PBD		IV
	for correction.		
	Otherwise,		
	transmits to		
	PMD for		
	release.	10 minutes	QCD Division
	Accomplishes and signs BOE		Chief
3. Receives the	and signs POF. 9. Releases printed	None 15 minutes	
requested	9. Releases printed forms/ materials to		PMD Supply Officer II or III
requested		I I	

PHILIPPINE CHARITY 5 SWEEPSTAKES OFFICE



forms/printed materials	the requesting office/ department.			
Total		None	7 calendar days	

Disclosure:

1. The duration of activity is under normal circumstances, subject to the availability of the printing machines and intended for the following printing materials:

Type of Forms/ Printed Materials	Quantity
Official and accountable forms	Above 5,000 units
Flyers/Brochures/Posters	Above 5,000 units

2. Processing time may differ depending on the quantity of requested forms and printed materials.



17. REQUEST FOR PRINTING AND PRODUCTION OF OFFICIAL/ ACCCOUNTABLE FORMS AND OTHER PRINTED MATERIALS (LOW **VOLUME USING DIGITAL PRINTERS)**

Office or Division:	Security Printing and Pr	oductior	Department (SP	PD)	
Classification:	Simple Transaction				
Type of					
Transaction:	G2G				
Who may avail:	All Departments/Offices	under F			
CHECKLIST OF	REQUIREMENTS		WHERE TO S		
Printing Request Form	(PRF)		Processing and	Monitoring	
e .	ested printed materials	Divisio		1	
		FEES	sting office/depar	lment	
		TO	PROCESSING	PERSON	
CLIENT STEPS	AGENCY ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Requesting office/department submits duly signed Printing Request Form (PRF).	 Receives the duly signed PRF from the requesting offices/ departments. Checks completeness of documents and stamps "received" on the PRF; Records PRF and other pertinent details; Endorses PRF to the Processing and Monitoring 	None	10 minutes	ODM Secretary / Administrative Aide III	
	Division (PMD). 2. Evaluates the	None			
	received printing request.				



PHILIPPINE CHARITY SWEEPSTAKES OFFICE

 Receives and records the details of the PRF in the logbook. Prepares 	_ 15 Minutes	PMD Supply Assistant
Printing Order Form (POF) and assigns control number for easy monitoring of the printing job, and forwards the same to Supply Officer III.		
 Checks availability of needed supplies and materials, and determines the type of the machine to be used. 	15 minutes	Supply Officer
• Signs the POF and endorse the same to the PMD Division Chief.		
 Certifies and signs POF with regards to the type of machine needed, design availability, volume needed, availability of printing supplies and materiala and 	10 minutes	PMD Division Chief
materials, and endorse the same to the		



Design and			
Production			
Division (DPD).			
3. Receives the POF,	None	10 minutes	DPD PPCO
records and logs			IV
relevant details, and			
assigns the			
preparation of the			
layout design to the			
available Creative			
Arts Specialist.			
	None		
4. Prepares the layout	none		
design based on the		3 hours	DPD CAS II or
technical			III
specifications or			
sample provided by			
the requesting			
office or department			
(pre-press			
activities).			
,			
 Prepares and 			
prints a sample			
layout, then			
endorses it to			
the DPD PQCO			
II for			
proofreading			
and quality			
check.			
		1 hour	
 Proofreads and 		1 hour	DPD PQCO II
checks the			
printed sample			
for compliance			
with the			
prescribed			
specifications. If			DPD CAS II or
not compliant,			III
returns it to the			
DPD CAS II or			DPD PPCO IV
III for revision.			
Otherwise, the			
DPD PPCO IV			
printed sample,			
to the			
requesting			
office or			
department for			



	confirmation			
	and			
	concurrence			
	regarding			
	completeness			
	and accuracy.			
2. Verifies,	5. Awaits confirmation	None	4 hours	DPD PPCO IV
confirms, and	from the requesting			
accepts the	office or			
correctness of	department. If			
the printed	corrections are			DPD DC III
sample(s) and	needed, informs the			DPD CAS II or
signs the printed	DPD DC III and			
sample;	instructs the DPD			
•	CAS II or III to make			
otherwise,				
returns it to the	the necessary			
SPPD for	revisions to the			
revision.	layout; otherwise,			
	proceeds with the			
	printing using the			
	digital printer.			
	6. Prints and produces	None		
	the requested			
	printing materials.			
	 Coordinates 		10 minutes	DPD PPCO IV
	with the PMD			
	Supply Officer			
	for the release			
	of the needed			
	paper supplies			
	and other			
	printing			Paper Cutting
	materials;			Machine
	materiais,			Operator or his
	a Cuto and trives		30 minutes	alternate
	Cuts and trims		50 minutes	allemale
	the bookpaper			
	according to			
	the prescribed			
	size			
	specification;			
	 Receives the 		10 minutes	DPD CAS II or
	paper materials			III
	and prints a			
	sample for			
	proofreading;			
	p. e e e d d g,			
	 Proofreads the 			
	printed sample.		15 minutes	DPD PQCO II
		<u>. </u>		·]



	1	
If corrections are needed, returns it to CAS II or III for necessary revision; otherwise, proceeds with mass production;	4 hours	CAS II or III
 Commences printing for full production. Note: There shall be periodic monitoring 	10 minutes	CAS II or III
during the printing session to ensure the best quality output.	30 minutes	DPD PPCO IV & DPD PQCO II
 Endorses the printed materials to the PBD for the necessary cuttings and trimmings. 	15 minutes	DPD PQCO II
 Cuts and trims the printed forms and materials according to the required size. 	10 minutes	Paper Cutting Machine Operator or his alternate
 Forwards the printed forms and materials to the Quality Control Division; 		Production Planning & Control Officer IV
 Accomplishes and signs POF. 		PBD Division Chief





	7. Conducts post- printing activities.	None		
	 Gathers and binds the printed forms and materials based on the requirements, if necessary put label; 		3 hours	Binders
	 Makes the necessary cuttings and trimmings adjustment of the printed forms and materials, if necessary; 		30 minutes	Paper Cutting Machine Operator or his alternate
	 Conducts quality inspection and packing of the printed forms and materials. 		3 hours	QCD Sweepstakes Lottery Operations Officer III / Senior Sweepstakes Lottery Operations Officer / Ticket Checkers
	• If with defective printed forms/materials, returns to DPD for correction. Otherwise, transmits to PMD for release.		1 hour	QCD Production Planning and Control Officer IV
	 Accomplishes and signs POF. 		10 minutes	QCD Division Chief
3. Receives the requested	8. Releases printed forms/ materials to	None	15 minutes	PMD Supply Officer II or III

PHILIPPINE CHARITY



forms/printed materials	the requesting office/ department.			
Total		None	3 calendar days	

The Security Printing and Production Department (SPPD) conducts in-house printing and production of official/accountable forms and other printed materials to provide lowvolume printing requirements of the agency and support for the day-to-day operations of the office.

Disclosure:

1. The duration of activity is under normal circumstances, subject to the availability of the printing machines and intended for the following printing materials:

Type of Forms/ Printed Materials	Quantity
Official and accountable forms	5,000 units and below
Flyers/Brochures/Posters	5,000 units and below
Bound brochures/manuals	Up to 20 copies with 100 pages or below
Calling cards	400 pieces and below

2. Processing time may differ depending on the quantity of requested forms and printed materials.





18. RECEIPT OF PAYMENTS FROM PCSO OFFICIALS AND EMPLOYEES

Receipt of payments in the form of cash/checks (Manager's/Cashier's checks) from employees for the refund of the unexpended portion of drawn Cash Advance, payment of dues to PCSO, return of overpayment of benefits and others.

Office/Department/Divis	tment/Division Administrative Sector, Monitoring Division		Trea	asury Departmen	t, Collection and
Classification:	Simple				
Type of Transaction:	Government to Cl	ient			
Who May Avail:	Various Clients				
CHECKLIST OF REQUIR	REMENTS		WHERE TO SECURE		
 Present the duly Accomplished Order of Paymen to Collection and Monitoring Division (window 4) a. Return unexpended portion of drawn cash advance b. Overpayment of assistance c. Excess in mobile account billing Payment in the form of cash or checks 		4) sh	Cli	oncerned departr ent/Payor	nent
CLIENT STEPS	AGENCY ACTION	FEI T(BI PA	D E	PROCESSING TIME	RESPONSIBLE PERSON
1.Presents Order of Payment (OP) to Collection and Monitoring Division (Window 4)	1. Receives OP	Nor	ne	3 minutes per transaction Simple (100 pcs paper bills)	Collecting Officers / Division Chief
2.Pays in the form of cash/checks as indicated in the OP	2. Checks if the details of the OP and payments matched.	Nor	1e	Complex (above 100 pcs paper bills)	Collecting Officers / Division Chief
3. Receives Official Receipt 0fficial Receipt (O.R.)		Nor	ne	2 minutes per transaction	Division Chief/ Collecting Officers
TOTAL		Nor	ne	5 minutes per transaction	



Feedback

How to send feedback	The feedback from our clients regarding PCSO services is important to us to further improve our processes. You may reach PCSO through the following:
	Facebook: www.facebook.com/pcsoofficialsocialmedia
	Online Customer Feedback at the PCSO Website: www.pcso.gov.ph
	Public Assistance and Complaints Desk (PACD) at the PCSO Head Office Address: Sun Plaza Building, 1507 Princeton St. corner Shaw Boulevard, Mandaluyong City
How feedbacks are processed	All feedback mechanisms are manned by our courteous employees and are answered upon receipt of e-mail, calls, and other modes of communication.
How to file a complaint	You may file a complaint thru our <i>Online Customer</i> Feedback at the PCSO Website: www.pcso.gov.ph
How complaints are processed	Upon receipt of complaint, the assigned PCSO employee refers the same to the concerned sector within 72 hours
Contact Information of CCB, PCC, ARTA	Anti-Red Tape Authority (ARTA): complaints@arta.gov.ph 1-ARTA (2782) Presidential Complaints Center (PCC): 8888 Civil Service Commission (CSC) CCB: 0908-881-6565 (SMS)



List of Offices

Head Office

OFFICE OF THE BOARD OF DIREC	OFFICE OF THE BOARD OF DIRECTORS		
Felix Padua Reyes Chairperson Office of the Chairman	4F Sun Plaza Building, 1507 Princeton Street corner Shaw Boulevard, Mandaluyong City 1552 (02)8650-0071 (02)8650-0092 (02)8661-5329 (02)8661-5192 (02)8850-0105 (02)8921-7971 juniecua@pcso.gov.ph		
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Jennifer E. Liongson-Guevara Member, Board of Directors Office of the Board of Directors	4F Sun Plaza Building, 1507 Princeton Street corner Shaw Boulevard, Mandaluyong City 1552 (02)8570-7088 jguevara@pcso.gov.ph		
Janet De Leon Mercado Member, Board of Directors Office of the Board of Directors	4F Sun Plaza Building, 1507 Princeton Street corner Shaw Boulevard, Mandaluyong City 1552 (02)8650-0103 jdlmercado@pcso.gov.ph		
Imelda A. Papin Member, Board of Directors Office of the Board of Directors	4F Sun Plaza Building, 1507 Princeton Street corner Shaw Boulevard, Mandaluyong City 1552 (02)8584-3349 directorpapin@pcso.gov.ph		
OFFICE OF THE BOARD SECRETA	RY		
Atty. Charles Frederick T. Co Board Secretary	4F Sun Plaza Building, 1507 Princeton Street corner Shaw Boulevard, Mandaluyong City 1552 (02)8650-0462 cfco@pcso.gov.ph		
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Orlando M. Malaca Department Manager Charity Assistance Department	3F Conservatory Building, 605 Shaw Boulevard, Mandaluyong City 1552 (02)8426-3475, (02)8366-3328 omalaca@pcso.gov.ph
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Lauro A. Patiag Assistant General Manager Management Services Sector	3F Sun Plaza Building, 1507 Princeton Street corner Shaw Boulevard, Mandaluyong City 1552 (02)8846-8790 Ipatiag@pcso.gov.ph
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Extension Office

GAMING, PRODUCT DEVELOPMENT AND MARKETING SECTOR

Ariel R. de Ocampo **OIC-Department Manager** Security Printing & Production Department

San Marcelino, Manila (02)8522-1187 | (02)8521-6513 aocampo@pcso.gov.ph

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Northern and Central Luzon

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Department Manager	Brgy. Wack Wack, Mandaluyong City 1552





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