

Local Government Support Fund
Quarterly Report on Fund Utilization and Status of Program/Project Implementation
as of September 30, 2024

Fund Source	Date of Notice of Authority to Debit Accounted Issued (NADA)	Type of Program/Project	Name Title of Program/Project	Specific Location	Mechanism/ Mode of Implementation	Estimated Number of Beneficiaries	Amount			Estimated Period of Completion (m/yr)	Program/ Project Status
							Received	Contracted	Disbursed/ Utilized		
LGSF-FA to LGU FY 2024 GAA RA 11936	April 23, 2024	Social Service	Assistance to Indigent Individuals or Families - Food Assistance	City of General Trias	-	2,000 individuals/families	Php 5,000,000.00	Php 5,000,000.00	Php 5,000,000.00	September 2024	The disbursement of food assistance started May 7, 2024. Received amount is fully disbursed. Photo documentation and other supporting documents is attached.

Certified correct by: The Local Finance Committee (LFC)

Attested by:


Ronilo P. Nepomuceno
City Budget Officer


Emmanuel D. Magsino, DBA
City Accountant


Cecilia T. Tan
City Treasurer


Eng. Jemie P. Cubillo, EnP
City Planning and Development Coordinator



Hon. Luis A. Ferrer IV
Local Chief Executive

Report of Disbursement / Liquidations

Amount Received per NTA No. : PHP 5,000,000.00
 Disbursement : PHP 5,000,000.00
 Balance of : PHP 0.00

Payee	Nature of Payment	Check No.	Date	Amount	Remarks
Marice Joyce T. Angeles	Cash Advance	1232114	May 2, 2024	PHP 4,185,000.00	
Marice Joyce T. Angeles	Cash Advance	1232826	July 9, 2024	PHP 815,000.00	

Certified Correct:

Emmanuel D. Magsino, DBA
 City Accountant

Cecilia T. Tan
 City Treasurer

Approved by:


Hon. Luis A. Ferrer IV
 Local Chief Executive

COMMISSION ON AUDIT
RECEIVED
 By: MAELS
 Date: 1-5-24



SUMMARY OF FINANCIAL ASSISTANCE

AS OF JULY 11, 2024

IMPLEMENTING LGU: BARANGAY MUNICIPALITY CITY PROVINCE
 NAME OF IMPLEMENTING LGU: CITY GOVERNMENT OF GENERAL TRIAS
 REGION: IV-A
 PROJECT TITLE: ASSISTANCE TO INDIGENT INDIVIDUALS OR FAMILIES - FOOD ASSISTANCE
 TOTAL ALLOCATION: PHP 5,000,000.00
 FUNDING SOURCE: LGSF - FA TO LGU FY 2024

NO. (A)	TYPE OF ASSISTANCE (B)	PREVIOUS (AS OF MAY 7, 2024)		THIS PERIOD*		TO DATE	
		NO. OF BENEFICIARIES (C)	AMOUNT GRANTED (D)	NO. OF BENEFICIARIES (E)	AMOUNT GRANTED (F)	NO. OF BENEFICIARIES G = (C+E)	AMOUNT GRANTED H= (D+F)
1	MEDICAL						
2	BURIAL						
3	TRANSPORTATION						
4	FOOD	1,674	4,185,000.00	326	815,000.00	2,000	5,000,000.00
5	CASH ASSISTANCE FOR OTHER SUPPORT SERVICES						
6	EDUCATIONAL						
	TOTAL	1674	4,185,000.00	326	815,000.00	2000	5,000,000.00

*Should be supported with applicable Monitoring Forms (MT#2A to MT#2F)

SUMMARY:	
(a) TOTAL ALLOCATION:	5,000,000.00
(b) TOTAL AMOUNT GRANTED TO DATE	5,000,000.00
(c) BALANCE	0.00
(d) PERCENTAGE OF UTILIZATION	100%
	$b = \text{Total of "Column H"}$
	$c = a - b$
	$d = (b/a) \times 100$

PREPARED BY: Emilda L. Cruz, RSW, MM
 SOCIAL WORKER

REVIEWED BY: Rebecca C. Generoso, RSW, MPA
 P/C/MSWDO HEAD

NOTED BY: Emmanuel D. Magasino, DBA
 P/C/M ACCOUNTANT

APPROVED BY: Hon. Luis A. Ferrer IV
 LOCAL CHIEF EXECUTIVE



Republic of the Philippines
Province of Cavite
CITY OF GENERAL TRIAS

No. _____
Date **07/09/2024**

DISBURSEMENT VOUCHER

Mode of Payment: Check Cash Others

Payee: **MARICE JOYCE T. ANGELES** Tin/Employee No. _____ Obligation Request No. _____

Address: _____ Responsibility Center: _____ Office/Unit/Project: **TRUST FUND** Code: **5-02-99-000**

EXPLANATION	AMOUNT
TO CASH ADVANCE FOR THE FINANCIAL ASSISTANCE TO CONSTITUENTS OF CITY GOVERNMENT OF GEN. TRIAS IN THE AMOUNT OF . . .	815,000.00
PAID 09 JUL 2024 <i>[Signature]</i>	815,000.00

A Certified
 Allotment Obligated for the purpose as indicated above
 Supporting documents completed

B Certified

Signature: _____
Printed Name: **DR. EMMANUEL D. MAGSINO** Date: _____
Position: **City Accountant**
Head, Accounting Unit/ Authorized Rep.

Signature: *[Signature]*
Printed Name: **CECILIA T. TAN** Date: _____
Position: **City Treasurer**
Treasurer / Authorized Representative

C APPROVED FOR PAYMENT
Signature: *[Signature]*
Printed Name: **LUIS A. FERRER IV** Date: _____
Position: **CITY MAYOR**
Agency Head/ Authorized Rep.

D RECEIVED PAYMENT
Check No. **1232826** Bank Name: **LBP** Date: **7-9-24**
Signature: *[Signature]*
Printed Name: **MARICE JOYCE T. ANGELES** Date: **7-10-24**
OR/Other Documents: _____ JEV No. **92273** Date: _____



Republic of the Philippines
Province of Cavite
CITY OF GENERAL TRIAS

No.

DISBURSEMENT VOUCHER

Date 05/02/2024

Mode of Payment	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Others
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Payee	<u>MARICE JOYCE T. ANGELES</u>	Tin/Employee No.	Obligation Request No.
Address	Responsibility Center		
	Office/Unit/Project <u>TRUST FUND</u>	Code <u>5-02-99-090</u>	

EXPLANATION

AMOUNT

TO CASH ADVANCE FOR THE FINANCIAL ASSISTANCE TO CONSTITUENTS OF CITY GOVERNMENT OF GEN. TRIAS IN THE AMOUNT OF . . .

4,185,000.00

PAID
02 MAY 2024
Angela J. Tan

4,185,000.00

A Certified
 Allotment Obligated for the purpose as indicated above
 Supporting documents completed

B Certified

Signature	<i>[Signature]</i>	Date	
Printed Name	<u>DR. EMMANUEL D. MAGSINO</u>		
Position	<u>City Accountant</u> Head, Accounting Unit/ Authorized Rep.		

Signature	<i>[Signature]</i>	Date	
Printed Name	<u>CECILIA T. TAN</u>		
Position	<u>City Treasurer</u> Treasurer / Authorized Representative		

C APPROVED FOR PAYMENT

D RECEIVED PAYMENT

Signature	<i>[Signature]</i>	Date	
Printed Name	<u>LUIS A. FERRER IV</u>		
Position	<u>CITY MAYOR</u> Agency Head/ Authorized Rep.		

Check No.	<u>1232114</u>	Bank Name	<u>[Signature]</u>	Date	<u>05-02-2024</u>
Signature	<i>[Signature]</i>	Printed Name	<u>MARICE JOYCE T. ANGELES</u>	Date	<u>5-6-24</u>
OR/Other Documents		JEV No.	<u>B 1454</u>	Date	

PHOTO DOCUMENTATIONS

Quarterly Report as of September 30, 2024

✚ Assistance to Indigent Individuals or Families – Food Assistance (July 11, 2024)









