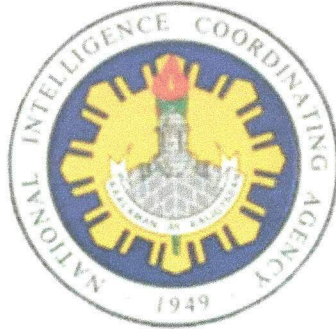




FORMS AND TEMPLATES

NATIONAL INTELLIGENCE COORDINATING AGENCY

No. 5, V. Luna Road corner East Avenue, Quezon City 1100



FORMS AND TEMPLATES
NATIONAL INTELLIGENCE COORDINATING AGENCY
No. 5, V. Luna Road corner East Avenue, Quezon City 1100

Reviewed By:


ABELARDO P. VILLACORTA
Chief Directorial Staff

Approved By:


ALEX PAULI. MONTEAGUDO
Director General



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ROUTING SLIP

LOG NR : _____

Subject : _____

ROUTING SLIP				SELECT ACTION REQUESTED
TO	FROM	DATE	SIGNATURE OF SENDER	
				1 Approval / Signature
				2 Appropriate Action
				3 Comment / Recommendation
				4 Study / Investigation
				5 Reply Direct to Writer
				6 Reply for Signature of
				7 Report due
				8 Rewrite / Redraft
				9 Notation
				10 Information / Reference
				11 See Me / Call Me
				12 Dispatch
				13 File
				14 Missent
				15 Attention to HWI Inside
				16 Prior Notation - Route FWD
				17 See my Remarks
				18 Others:

REMARKS: _____

(Use Reverse Side as Necessary)

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DISPOSITION FORM

CONFIDENTIAL

DISPOSITION FORM	
SUBJECT:	
FILE NO:	CLASSIFICATION: CONFIDENTIAL
TO:	FROM:
DATE:	COMMENT NR: _____

Explanatory Notes of the Disposition Form (DF):

PRD/8400

1. The DF is a staff paper designed to facilitate communications from one office/unit to another within the Agency.
2. It may be used to originate action, to record comments, coordination, or other action related to a basic paper.
3. It may also be used as a correspondence for record purposes when a memorandum or endorsement is not required.
4. The DF includes the following:
 - a. Heading – the heading contains the subject, file number, security classification, addressee, addressor and the date.
 - b. Security Classification – the security classification is entered in the space provided in bold letters in the heading, at the top and bottom of the form, and at the top and bottom of each succeeding pages.
 - c. File Number – the file number is entered in the space provided in bold letters.
 - d. Subject – the subject is entered in the space provided in bold letters.
 - e. To/From/Date – the addressee, addressor and the date (day-month-year) are entered in the spaces provided in bold letters. Authorized code numbers only are used. When it is necessary to route a DF from one office to another office, either the "Thru" or "Attn" is used.
 - f. Identification of the Addressor – the authorized code number of the individual responsible for the communication is entered in the middle of the line below the text. The authorized code number of the individual who prepared the communication is entered in the upper right hand corner of the paper.

-----PPO/Head, NIC Secretariat-----

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FACSIMILE TRANSMITTAL SHEET

FACSIMILE TRANSMITTAL SHEET	
SUBJECT:	
TO (OFFICE):	FROM (OFFICE):
ATTENTION:	TELEPHONE NUMBER:
TELEPHONE/FACSIMILE NUMBER:	FACSIMILE NUMBER:
NO. OF PAGES (INCLUDING THIS SHEET):	CLEARED FOR TRANSMITTAL BY:
TIME/ DATE:	SENT BY:
	HEAD, NIC SECRETARIAT
SPECIAL INSTRUCTIONS:	
<i>(This portion is intended for stating a request to the recipient as if transmittal is blurred/ incomplete, etc, for them to call the originating office.)</i>	



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CONFERENCE/RECEIVING ROOM RESERVATION FORM

Date: _____

CONFERENCE/RECEIVING ROOM RESERVATION FORM

Requesting Unit : _____

Purpose : _____

Inclusive Date & Time : _____

- G/F VIP Receiving Room
- 6/F Receiving Room
- 7/F Executive Lounge
- 7/F Conference Room
- Roof Deck Function Room

1. This is to certify that I will be responsible and accountable for any and all damages/loss that may result from the use of the above-requested room.
2. I will ensure that the above-requested room shall be left in a clean and orderly condition after the activity.

 (Signature over Printed Name)
 Signature of Head of Office

Approved/Disapproved: _____

 (Signature over Printed Name)
 Head Executive Assistant, ODG



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SEAT PLAN "A"



REPUBLIC OF THE PHILIPPINES
 NATIONAL INTELLIGENCE BOARD
NATIONAL INTELLIGENCE COMMITTEE
NIC Meeting ## sequence of meetings-YYYY
 (Actual date and time of meeting)



			(Name of Director of Offices/NICA)	
			(Name of Director of Offices/NSC)	
			(Name of Chair/D, NITC) StCom-Trng	(Name of Staff, NIC Secretariat)
			(Name of Chair/ALO) StCom-LC	(Name of Head, NIC Secretariat)
	(Name of Invited Guest) Other Office		(Name of ADG, DVI)	(Name of Member, NIC Secretariat)
	(Name of NIC Member) BOC		(Name of Chair/ADG) StCom-FIC	(Name of Staff, StCom)
	(Name of NIC Member) BI		(Name of Chair/ADG) StCom-Sec	(Name of Staff, NSC)
	(Name of NIC Member) NBI		(Name of Chair/ADG) StCom-Prod	(Name of Observer, StCom)
	(Name of NIC Member) DFA		(Name of Chair/ADG) StCom-Opns	(Name of Briefer, StCom)
(Staff of NIC Members)	(Name of NIC Member) PSG		(Name of ADG, NSC)	(Name of Briefer, NSC)
(Observers of NIC Members)	(Name of NIC Member) DI, PNP		(Name of DDG, NSC)	(Name of Staff of the ODG, NICA)
(Briefers of NIC Members)	(Name of NIC Member) OJ2, AFP		(Name of CDS, NICA)	(Name of HEA/ODG Staff)
	(Name of the Chair, NIC) or DG, NICA	(Name of the Chair, NIB) or DG, NSC	(Name of the DDG, NICA)	



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SEAT PLAN "B"



REPUBLIC OF THE PHILIPPINES
 NATIONAL INTELLIGENCE BOARD
NATIONAL INTELLIGENCE COMMITTEE
NIC Meeting ## sequence of meetings-YYYY
 (Actual date and time of Meeting)



		(Name of Chief of Branches/NICA)	(Name of Staff, NIC Secretariat)
		(Name of Chief of Divisions/NICA)	(Name of Head, NIC Secretariat)
	(Name of Invited Guest) Other Office	(Name of Director of Offices/NICA)	(Name of Member, NIC Secretariat)
	(Name of NIC Member) BOC	(Name of Chair/D, NITC) StCom-Trng	
	(Name of NIC Member) BI	(Name of Chair/ALO) StCom-LC	(Name of Staff, StCom)
	(Name of NIC Member) NBI	(Name of ADG, DVI)	(Name of Observer, StCom)
	(Name of NIC Member) DFA	(Name of Chair/ADG) StCom-FIC	(Name of Briefer, StCom)
(Staff of NIC Members)	(Name of NIC Member) PSG	(Name of Chair/ADG) StCom-Sec	
(Observers of NIC Members)	(Name of NIC Member) DI, PNP	(Name of Chair/ADG) StCom-Prod	(Name of Staff of the ODG, NICA)
(Briefers of NIC Members)	(Name of NIC Member) OJ2, AFP	(Name of Chair/ADG) StCom-Opns	(Name of HEA/ODG Staff)
	(Name of the CDS, NICA)	(Name of the Chair, NIC) or DG, NICA	(Name of the DDG, NICA)



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SDDP DISTRIBUTION LIST



REPUBLIC OF THE PHILIPPINES
National Intelligence Board
NATIONAL INTELLIGENCE COMMITTEE



SDDP DISTRIBUTION LIST (NIC MEETING #-YYYY)

OFFICE	(Actual Date/Time of Meeting)	
	COPY NUMBER <small>(Total Nr of copies/sequence)</small>	BAR CODE <small>(PPO code/year/month-4 digits sequence)</small>
ORIGINAL/ NIC SECRETARIAT	1 of 17 copies	41701-0____
DG, NSC	2 of 17 copies	41701-0____
DDG, NICA	3 of 17 copies	41701-0____
CDS, NICA	4 of 17 copies	41701-0____
J2, AFP	4 of 17 copies	41701-0____
DI, PNP	5 of 17 copies	41701-0____
DFA	6 of 17 copies	41701-0____
NBI	7 of 17 copies	41701-0____
PSG	8 of 17 copies	41701-0____
BI	9 of 17 copies	41701-0____
BOC	10 of 17 copies	41701-0____
StCom - Opns	11 of 17 copies	41701-0____
StCom - Prod	12 of 17 copies	41701-0____
StCom - Sec	13 of 17 copies	41701-0____
StCom - FIC	14 of 17 copies	41701-0____
StCom - LC	15 of 17 copies	41701-0____
StCom - Trng	16 of 17 copies	41701-0____



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OFFICIAL RECEIPT FORM

OFFICIAL RECEIPT

FROM : (Name of NIC Member/Recipient) DATE :
 (Designation/Rank of NIC Member/Recipient) FILE :
 (Address of NIC Member/Recipient) CONTROL NR:

TO : (Name of Chair, NIC)
 (Address of Chair, NIC)

I acknowledge to have received on this ____ day of ____ 2015
 at ____am/pm. The following materials/documents:

DESCRIPTION

(Subject/Topic of the Document/Letter/Report)

SECRET

(Note: Please return this receipt as it is needed to close our file.)

(Signature over Printed Name)

(Printed Name of Receiving Officer)

(Unit) (Telephone Nr)



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SUMMARY OF SDDP DELIVERY FORM



REPUBLIC OF THE PHILIPPINES
National Intelligence Board
NATIONAL INTELLIGENCE COMMITTEE



Summary of SDDP Delivery (DD-MMM-YYYY)

	NAME/POSITION/RANK	OFFICE / ADDRESS	DISPATCHED BY
1	(Name of NIC Member) Deputy Chief of Staff for Intelligence	OJ2, AFP Camp Aguinaldo, EDSA, QC	
2	(Name of NIC Member) Director	Directorate for Intelligence, PNP Camp Crame, EDSA, QC	
3	(Name of NIC Member) Commissioner	Bureau of Immigration Magallanes Dr, Intramuros, Mnl	
4	(Name of NIC Member) Head Office of Intelligence & Security	DFA 2330 Roxas Blvd, Pasay City	
5	(Name of NIC Member) Director	NBI Taft Avenue, Ermita, Manila	
6	(Name of NIC Member) Commander	Presidential Security Group Malacañang Park, Manila	
7	(Name of NIC Member) Commissioner	Bureau of Customs South Harbor, G3 Port Area, Mnl	
8			
9			
10			



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OBLIGATION AND REQUEST STATUS

		OBLIGATION AND REQUEST STATUS NATIONAL INTELLIGENCE COORDINATING AGENCY		No. _____ Date: _____
Payee : _____ Office Address: _____				
Responsibility Center	Particulars	P.P.A.	Account Code	Amount
			<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">↑</div>	
	TOTAL			P
A <input type="checkbox"/> Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision		B <input type="checkbox"/> Certified : Allotment available and obligated for the purposes as indicated above.		
Signature : _____ Printed Name : _____ Position : _____ <small>(Head of Requesting Unit/Authorized Representative)</small>		Signature : _____ Printed Name : _____ Position : _____ Date : _____		

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SUMMARY OF EXPENSES FORM

SUMMARY OF EXPENSES For the (DD/MM/YY)

DATE	PARTICULARS	Amount	OR/Invoice No.
		P	
		P	
	TOTAL	P	

Prepared By:

(Signature over Printed Name)
SDO/Agent Officer

Certified Correct:

(Signature over Printed Name)
Head of Office/Unit



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PETTY CASH VOUCHER

PETTY CASH VOUCHER		No.:
NATIONAL INTELLIGENCE COORDINATING AGENCY		Date:
Payee/Office : _____		
Address : _____		RCC
I. To be filled up upon request		II. To be filled up upon liquidation
Particulars	Amount	Total Amount Granted _____
		Total Amount Paid per _____
		OR No. _____
		Amount Refunded/ _____
		(Reimbursed) _____
		PO No. _____ Date _____
		Invoice # _____ Date _____
		OS NO.
		C JOURNAL ENTRY
		Dr Cr
		-
		-
A	<i>Requested by:</i>	Processed by: _____
	_____	<i>Accounting Division</i>
	Head of Office/Directorate	
B	<i>Allotment available:</i>	D
	_____	<input type="checkbox"/> <i>Received Refund</i>
	Chief, Budget Division	<input type="checkbox"/> <i>Reimbursement Paid</i>
	<i>Processed/Controlled:</i>	_____
	_____	Petty Cash Custodian
	Chief, Accounting Division	
	<i>Approved by:</i>	E
	_____	<input type="checkbox"/> <i>Liquidation Submitted by:</i>
	Director, Office of the Comptroller	<input type="checkbox"/> <i>Reimbursement Received by:</i>
	<i>Paid by:</i>	_____
	_____	Signature of Payee
	Petty Cash Custodian	Date: _____
	<i>Cash Received by:</i>	

	Signature over Printed Name of Payee	
	Date: _____	