Republic of the Philippines
Department of Agriculture
BUREAU OF AGRICULTURAL RESEARCH
RDMIC Bldg., Elliptical Rd. cor. Visayas Ave., Diliman, Quezon City 1104

Reference No. 2022– _Q2_
July 4, 2022

MEMORANDUM FROM THE DIRECTOR

TO : **All DA-BAR Contract of Service (COS) and Job Order (JO) Staff**

SUBJECT : **Prescribed format for the Claiming of Traveling and Incidental Expenses of Contract of Service (COS) and Job Order (JO) Workers**

Attached herewith is the recommended template that must be duly accomplished by all Contract of Service (COS) and Job Order (JO) personnel upon claiming of traveling and incidental expenses while on official travel for DA-BAR. This is in addition to the documentary requirements prescribed by **COA Circular No. 2012-001** dated **June 14, 2012**, and based on **COA Resolution No. 2021-044** dated **December 28, 2021** or the Guidelines Governing the Audit of Traveling Expenses of Personnel Hired Under Job Order (JO)/Contract of Service (COS) stating that: *"claims for traveling expenses of JO/COS personnel shall be supported by a certification from the Head of the Agency or any authorized approving official".*

For your guidance and compliance.

This memorandum shall take effect immediately.

JUNEL B. SORIANO, Ph. D.

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Masaganang ANI
Mataas na KITA

CERTIFICATION

I hereby certify that:

- The official missions/tasks cannot be performed alone by/or assigned to any other regular/permanent official and/or employee during this period (indicate inclusive travel dates).

- The tasks/activities are necessary to fulfil the obligations as contained in the Memorandum of Agreement (MOA) of the undersigned contract of service (COS) worker.

Done this _____ day of _____, 2022

_____

Signature over printed name of COS worker (boldface)
Designation of COS worker

Attested by:

_____

Signature over printed name of division/section/unit head (boldface)
Designation of division/section/unit head

Certified true:

_____

Signature over printed name of OAD for Programs or RSS (boldface)
OAD for _____

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