Request Form (DSWD-FMS-AD No. 2)

REPUBLIC OF THE PHILIPPINES

**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT**

**Financial Management Service – Accounting Division**

 **Reference No.** year-mm-xxx

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **REQUEST FORM FOR CERTIFICATE OF DONATION**  |
| Entity Type: |
| **APPLICANT INFORMATION** |
| Name of Donor: |
| Address: | Contact No.:TIN:Email: |
| **DETAILS OF DONATION** |
|  Cash Personal Property(ies) Real Property(ies) |
| Purpose of Donation: |
| For Calamities: Yes No |
| Amount (for Cash Donation): |
| Net Book Values/Cost (for In-Kind Donation): |
| Purpose of Donation: |
| Name and Signature of Requester: |
| Position: |

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REPUBLIC OF THE PHILIPPINES

**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT**

**Financial Management Service – Accounting Division**

Claim Stub (DSWD-FMS-AD No. 2)

**Reference No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **CLAIM STUB FOR CERTIFICATE OF DONATION** |
| Name of Donor: |
| Date of Release: |