**BILLING STATEMENT**

**SY 2020-2021**

This Billing Statement also serves as the contract between DepEd and the private school or non-DepEd public SHS or TVI with regard to the latter's participation in accordance with the program guidelines issued for the school year stated above.

All supporting documents regarding this billing statement are with the Schools Division Offices.

**Instructions:** Please accomplish and submit original **4 copies** (***1 copy to the Division, 1 copy to the Region and 2 copies to the Central Office***)

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| --- | --- | --- | --- | --- | --- |
| **Billing to: Department of Education** | | | **Billing Statement No.:** | | **Date:** |
| **JDVP-TVL Partner School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **JDVP- TVL School ID/TESDA Accreditation Number:** | **JDVP-TVL Partner School Contact Number:** | | **Gov't. Recognition No.:** | **Year Issued:** | |
| **Region:** | | **Division:** | **Municipality:** | | |
| **Assessment Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

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| **Total Grantees and Amount Due** | | | | | | | |
| **DepED Public SHS** | **Name of Grantees** | **Voucher Number** | **No. of Specializations Trained under the JDVP-TVL Partner** | **Specialization**  **Assessed** | **Training Cost** | **Assessment Cost** | **Total** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | TOTAL AMOUNT | |  |

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| **Summary** | | | | | | |
| **DepED Public SHS** | **No. of Grantees** | **No. of Specializations Trained under the JDVP-TVL Partner** | **Specialization**  **Assessed** | **Training Cost** | **Assessment Cost** | **Total Amount** |
|  |  |  |  |  |  |  |
|  |  |  |  | TOTAL AMOUNT : | |  |

We certify as correct and accurate under the penalty of perjury, all information we have provided in this statement and in the required pertinent documents.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Association President/Representative**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JDVP-TVL Partner School Head**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Public SHS School Head**

***Note:*** *Affix signature over printed name.*

Kindly deposit payment to the JDVP-TVL partner school's bank account; the details of which are as follows:

**Account Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank Account Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Branch : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Due : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requirement:** Please attach an IMI1 or STI1 printout signed by the bank's branch manager.

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| Certified: | Endorsed for processing: | Endorsed for payment: |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Schools Division Superintendent** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DepEd Regional Director/Representative** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Director IV**  **Bureau of Curriculum Development** |

***Note:*** *Affix signature over printed name.*