To: All Heads of Departments/Agencies/State Universities and Colleges (SUCs), including Commissions/Offices under the Constitutional Fiscal Autonomy Group (CFAG), Government-Owned or -Controlled Corporations (GOCCs) and Local Government Units (LGU) Receiving Budgetary Support from the National Government, Government Financial Institutions, Government Servicing Banks and All Others Concerned

Subject: REITERATING SECURITY MEASURES RELATIVE TO RELEASE OF BUDGET AUTHORIZATION DOCUMENTS

1.0 Pursuant to DBM Circular Letter (CL) No. 2016-6 dated 07 July 2016, all government agencies are enjoined to observe the guidelines prescribed covering business transactions with the DBM.

2.0 Relative thereto, the following are reiterated to ensure the security as well as accountability relative to budget release authorization documents:

2.1 The Central Processing and Releasing Unit (CPRU), either of the DBM Central Office or the Regional Office, shall release the said documents, as contained in sealed envelopes or pouches, only to the designated agency Liaison Officers (LOs) who possess the DBM-issued identification cards, pursuant to the provisions of DBM CL No. 2019-2 dated January 4, 2019.

2.2 If authorized LOs are unable to claim such budget documents from the CPRU within five (5) working days, the Records Division, either of the DBM Central Office or the DBM Regional Office, shall send the same to the recipient government department/agency, by mail or by private courier service.
3.0 Department/agency representatives, other than the designated LOs, may follow-up with CPRU, the BMB or any DBM offices, in person or through phone calls, pending transactions pertaining to any budgetary release and/or documents of their specific agencies/departments. They will not be authorized, however, to receive such budget authorization documents.

4.0 In this connection, all are further reminded/advised to observe the following guidelines for the revalidation/issuance of DBM IDs for LOs:

4.1 All CY 2019 IDs issued by the DBM to designated LOs shall be valid only up to January 15, 2020, and are required to be surrendered to the DBM Administrative Service-Human Resource Development Division (AS-HRDD)/DBM Regional Office (RO), as applicable.

4.2 The DBM will issue the IDs to a maximum of two (2) authorized LOs per department/agency.

4.3 Designated LOs shall personally apply for the issuance of their liaison ID cards at the DBM AS-HRDD, or at the DBM Regional Offices for decentralized departments/agencies.

4.4 Revalidation of lapsed IDs of designated LOs for renewal in FY 2020: Submission not later than December 26, 2019 of written formal endorsement of the designated LOs from the Head of Department/Agency, to the AS-HRDD/DBM RO, with the following attachments as well as the original liaison ID cards issued for the immediately preceding year:

4.4.1 Information sheets using the form attached as Annex A hereto; and

4.4.2 Photocopies of the valid office IDs of both the Endorsing Officer and the designated LOs, bearing their names, photographs and signatures

4.5 Issuance of FY 2020 IDs to new LOs: Submission of a written formal endorsement of the designated LOs from the Head of Department/Agency, to the DBM AS-HRDD/DBM RO, supported with the attachments cited under items 4.4.1 and 4.4.2 hereof

4.6 Replacement for lost IDs for Designated LOs: Application for such IDs should be supported with a duly notarized Affidavit of Loss, in addition to the required attachments in items 4.4.1 and 4.4.2 hereof.
4.7. **Claiming IDs for LOs:** All designated LOs shall personally claim their liaison IDs at the AS-HRDD or the DBM RO, as applicable:

4.7.1 Starting January 2, 2020 up to January 15, 2020, for LOs claiming renewed/revalidated IDs;

4.7.2 As warranted, for new IDs or replacement IDs due to loss or change of LOs.

5.0 This Circular shall take effect immediately.
INFORMATION SHEET FOR AUTHORIZED AGENCY LIAISON OFFICERS

Please fill all fields

Name: ___________________________ Gender: _______________________
Birthday: ________________________ Age: __________________________

Position Title: _______________________________________________________

Please check the appropriate category of your office:

☐ NGA  ☐ SUC  ☐ GOCC  ☐ Attached Agency  Others: ___________________________

Complete Name of the Department/Agency/Office (please do not use acronyms):

_________________________________________________________________________

If attached agency, complete name of the Central Department/Agency/Office attached to:

_________________________________________________________________________

Immediate Supervisor: ______________________________________________________
Office/Division/Section: ___________________________ Position Title: _______________________
Office Address: _____________________________________________________________
Telephone No.: ___________________________ Fax No.: ___________________________
Mobile No.: ___________________________ Email Address: ___________________________

Specimen Signatures

1. ___________________________ 2. ___________________________

Specimen Initials

1. ___________________________ 2. ___________________________

Endorsing Officer:

Signature over printed name

Position Title

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