



Republic of the Philippines  
**Department of Education**  
NEGROS ISLAND REGION

**OFFICE MEMORANDUM**

No. ASD-2026- 007

MAR 30 2026

To: OIC-Assistant Regional Director  
Functional Division Chiefs  
All Others Concerned

**GUIDELINES ON THE PAYMENT OF COMMUNICATION EXPENSES FOR OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF EDUCATION**

1. Consistent with the Department of Budget and Management (DBM) Budget Circular No. 2024-2 titled, Guidelines on the Payment of Communication Expenses of Certain Government Personnel, dated August 2, 2024, DepEd Order No. 36, s. 2025 was issued prescribing the Guidelines on the Payment of Communication Expenses for officials and employees of the Department of Education.
2. The authorized recipients and their corresponding maximum monthly provisions for postpaid lines and prepaid loads are specified as follows:

Office and Position	Monthly Ceiling
Regional Director	Php 3,000.00
Assistant Regional Director	Php 2,500.00
Division Chiefs	Php 2,000.00
Assistant Division Chief	Php 1,000.00
Education Program Supervisors	Php 800.00
Other staff of the RO authorized by the Regional Director (Allowable communication expenses per authorized employee shall in no case exceed the amount of Php1,500.00 (Annex A))	Php 10,000.00

3. The documentary requirements which shall be in accordance with DBM Budget Circular 2024-2 titled Documentary Requirements and Administrative Procedures for Processing Claims for Payment of Communication Expenses, and COA Circular 2012-001 titled Revised Documentary Requirements for Common Government Transactions are as follows:
  - a. Self-certification that the communication expenses incurred were official in nature and necessary for the performance of official duties and responsibilities (Annex B);
  - b. Summary of Claims of Load Reimbursement (Annex C);
  - c. Daily Time Record (DTR), except for officials who are not required to render biometric attendance;
  - d. Statement of Account/Billing Statement; and
  - e. Invoice/Official Receipt.



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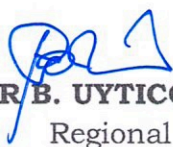
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4. The DepEd's Finance Service shall process the claims for payment upon receipt of the complete documentary requirements.

To expedite the processing of the reimbursement of communication expense and control the provision of cash in the monthly disbursement program, all authorized/eligible recipients are required to submit, on a monthly or quarterly basis, their supporting documents for the reimbursement, regardless of the month/s being claimed, to the Administrative Division not later than every 20th of the month, for the preparation of the payroll for the said claim.

Failure to submit the supporting documents on or before the set deadline will result in exclusion in the current month but to be included in next month's reimbursement. Note that all claims must be processed before the end of the year.

5. All transactions arising in the implementation of this memorandum shall comply with applicable accounting, budgeting, auditing laws, and other relevant rules and regulations.
6. This Memorandum shall take effect retroactively on January 05, 2026.
7. For information, guidance, and strict compliance.

  
**RAMIR B. UYTICO EdD, CESO III**  
Regional Director

ASD/PS/AGS/Regional Memo- GUIDELINES ON THE PAYMENT OF COMMUNICATION EXPENSES FOR OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF EDUCATION



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**ANNEX B**

**CERTIFICATION**

This is to certify that communication expenses incurred in the total amount of Php \_\_\_\_\_ for the period covering \_\_\_\_\_ were all official in nature and necessary to the performance of official functions.

This certification is issued to support the reimbursement of said expenses.

(Name of Official/Employee)

\_\_\_\_\_  
(Position/Designation)

Noted by:

Name of Immediate Supervisor

\_\_\_\_\_  
(Position/Designation)



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**ANNEX C**

**SUMMARY OF CLAIMS OF LOAD REIMBURSEMENT**

**Name of Claimant:** \_\_\_\_\_

**Functional Division:** \_\_\_\_\_

**Nature of Subscription:**

Prepaid Load

Postpaid Line

Month/s Claimed	Amount	Official Receipt No.	Date
<b>TOTAL</b>			

\_\_\_\_\_  
**Name and Signature of Claimant**



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