CITIZEN'S CHARTER CITY GOVERNMENT OF IMUS

2023, 2nd EDITION



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CITY TREASURER'S OFFICE

EXTERNAL SERVICES



1. ASSESSMENT OF REAL PROPERTY TAX

Real Property Tax is an ad valorem tax imposed on all types of Real Properties including Lands, Buildings, Improvements, and Machinery. It is collected every thirty-first (31^{st)} of January each year. However, taxpayers can also pay in quarterly installment every March 31, June 30, September 30 and December 31.

OFFICE OR DIVISION	City Treasurer's Office	·	•	
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	Imus City Real Property Owners			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	lE
Latest Real Property Tax Official Receip		Provided by the client		
Latest Tax Declaration (1 Original/Ph		City Assessor's Office		
Notice of Delinquency (Original/Phot		City Treasurers Office -		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Get ticket number from the	1. Call next number in Queue Management	None	2 minutes	Luisito Ramirez
Queue Management System	System		(if under normal	Moises Jordan Jr.
			circumstances)	
1.2 Wait for your number to be		None		
called				
2. Present/submit the requirement/s	2.1 Receive the requirement/s and check for	None	2 minutes	Mitchie Fae dela Cruz
to the assigned counter for initial	completeness		(if under normal	Clark Costa
assessment and verification	0.0 04-4	Nama	circumstances)	Riva Dolor Alamo
	2.2 Issue Statement of Account if all	None		Irene Camilon Russel Gloria
	requirements were given			
				Josephine Aragon Junen Baja
				Jonathan Sampot
				Catherine Castillo
				Madel Fina Base
				Medalyn Saulog
				Ramil Pascual
				Rizza May Camia
				Nikki Satsatin
Fill-out the Client Satisfaction Rating Form				
	TOTAL None 4 minutes			



2. PAYMENT OF REAL PROPERTY TAX

Real Property Tax is an ad valorem tax imposed on all types of Real Properties including Lands, Buildings, Improvements and Machinery. It is collected every thirty-first (31^{st)} of January each year. However, taxpayers can also pay in quarterly installment every March 31, June 30, September 30 and December 31.

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OFFICE OR DIVISION	City Treasurer's Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	Imus City Real Property Owners			
CHECKLIST C	OF REQUIREMENTS		WHERE TO SECU	RE
Statement of Account or		City Treasurers Office	- Windows 23 to 25	
Latest Real Property Tax Official Receip	t (Original/Photocopy) <u>or</u>	Provided by the client		
Latest Tax Declaration (1 Original/Ph	notocopy) <u>or</u>	-		
Notice of Delinquency (Original/Phot		City Assessor's Office		
		City Treasurers Office	 Land Tax Division 	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Get ticket number from the	1. Call next number in Queue	None	2 minutes	Luisito Ramirez
Queue Management System	Management System		(if under normal	Moises Jordan Jr.
			circumstances)	
1.2 Wait for your number to be		None		
called				
2. Pay the assessed/ required fee(s)	2. Receive the payment and Issue O.R.	For Basic & SEF:	3 minutes	Irene Camilon
		Property Assessed	(if under normal	Russel Gloria
		Value X 2.1% +	circumstances)	Riva Alamo
		Penalty (if		Jonathan Sampot
		applicable) +		Josephine Aragon
		Garbage Fee (if		Junen Baja
		applicable)		Clark Costa
		- Discount (if		Madel Fina Base
		applicable)		Ramil Pascual
				Jess Frederick Berco
				Medalyn Saulog
				Lor Annmae Mendoza
				Catherine Castillo
				Nikki Satsatin
Fill out the Client Satisfaction Pating Form				
Fill-out the Client Satisfaction Rating Form				

CITIZEN'S CHARTER



TOTAL	Based on	7 minutes	
	computation		

3. ISSUANCE OF REAL PROPERTY TAX CLEARANCE

Real Property Clearance is issued to all real property owners certifying that the properties have no outstanding real property tax due.

OFFICE OR DIVISION	City Treasurer's Office	
CLASSIFICATION	Simple	
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government	
WHO MAY AVAIL THE SERVICE	Imus City Real Property Owners	
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE
If you are the owner		
Latest Real Property Tax Official Red	ceipt (Original/Photocopy) or	Provided by the client
Latest Tax Declaration (1 Original/Ph	otocopy)	City Assessor's Office
Government Issued Identification Ca	rd (1 Original/Photocopy)	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth, Comelec, PRC, IBP, MARINA, OSCA
If you are a representative - For Ti	ransfer	
Latest Real Property Tax Official Red	ceipt (Original/Photocopy) <u>or</u>	Provided by the client
Latest Tax Declaration (1 Original/Ph	otocopy)	City Assessor's Office
Special Power of Attorney – If the ow	ner is in the Philippines	
(1 Original) or Secretary's Certificate		Person/Company being Represented
Consulate Issued Special Power of Attorney Red Ribbon/Seal - If the owner is		
abroad (1 Original)		
Deed of Sale/Contract to Sell/Extra J		Provided by the client
Government Issued Identification Card of Corporate Secretary/ Signatory/Attorney-		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth, Comelec, PRC, IBP, MARINA, OSCA
in-Fact/Owner (1 Photocopy)	rd of the Penresentative	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth,
Government Issued Identification Card of the Representative (1 Original and 1 Photocopy)		Comelec, PRC, IBP, MARINA, OSCA
	eference/Record Purnoses	Connece, i ito, ibi , Martina, Ocoa
If you are a representative – For Reference/Record Purposes Latest Real Property Tax Official Receipt (Original/Photocopy) or		Provided by the client
Latest Tax Declaration (1 Original/Photocopy)		City Assessor's Office
Authorization Letter or Special Power of Attorney or		Only 7 (000000) O Office
Secretary's Certificate or Board Resolution specifying the Authorized Representative		Provided by the client
(1 Original)		Trondod by the cheft
	ard of Corporate Secretary/ Signatory/Attorney-	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth,
in-Fact/Owner (1 Photocopy)		Comelec, PRC, IBP, MARINA, OSCA
miraco o micr (i i notocopy)		

Government Issued Identification Card of the Representative	ve	BIR, Post Office, D	FA, PSA, SSS, GSIS,	Pag-IBIG, LTO, PhilHealth,
(1 Original and 1 Photocopy)		Comelec, PRC, IBP,	MARINA, OSCA	
If you are a representative – For Developers/Service Pro	ovider			
Latest Real Property Tax Official Receipt (Original/Photoco	ppy) <u>or</u>	Provided by the clien		
Latest Tax Declaration (1 Original/Photocopy)		City Assessor's Office	е	
Secretary's Certificate (1 Original) or				
Board Resolution specifying the Authorized Representative		Person/Company bei		
Government Issued Identification Card of Corporate	Secretary/ Signatory (1			Pag-IBIG, LTO, PhilHealth,
Photocopy)		Comelec, PRC, IBP,		
Government Issued Identification Card of the Representative	ve			Pag-IBIG, LTO, PhilHealth,
(1 Original and 1 Photocopy)		Comelec, PRC, IBP,		
*For Transfer – present the Deed of Sale/Contract to Sell	together with the above	Provided by the clien	t	
specified requirements (1 Photocopy)				
	CY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	in Queue Management	None	2 minutes	Luisito Ramirez
Queue Management System System			(if under normal	
			circumstances)	
1.2 Wait for your number to be		None		
called				
	irement/s and check for	None	2 minutes	Mitchie Fae dela Cruz
to the assigned counter for completeness			(if under normal	Rizza May Camia
initial assessment and			circumstances)	Nikki Satsatin
verification				
3. Pay the assessed/ required fee(s) 3.1 Receive the payn	nent and Issue O.R.	P50.00 + P30.00	2 minutes	Mitchie Fae dela Cruz
		(Documentary		Rizza May Camia
3.2 Release the Tax	Clearance	Stamp Tax)		Madelfina Base
				Nikki Satsatin
				Lor Annemae Mendoza
	Fill-out the Client Satisfact	tion Rating Form		
	TOTAL	Php 80.00	6 minutes	



4. ISSUANCE OF REAL PROPERTY TAX PAYMENT HISTORY

Real Property Tax Payment History is issued to all real property owners providing the payment records of the property.

OFFICE OR DIVISION	City Treasurer's Office	City Treasurer's Office			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	Imus City Real Property Owners				
CHECKLIST C	OF REQUIREMENTS		WHERE TO SECURE		
If you are the owner					
Statement of Account or		City Treasurers Office – \	Nindows 23 to 25		
Latest Real Property Tax Receipt (O	· —	Provided by the client			
Latest Tax Declaration (1 Original/Ph	notocopy)	City Assessor's Office			
If you are a representative					
Latest Real Property Tax Official Red		Provided by the client			
Latest Tax Declaration (1 Original/Ph		City Assessor's Office			
Authorization Letter or Special Power		.			
	Resolution specifying the Authorized	Provided by the client			
Representative (1 Original) Government Issued Identification Card of Corporate Secretary/ BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth, Co			TO DE III la althe Carrada a		
		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth, Comelec, PRC, IBP, MARINA, OSCA			
Signatory/Attorney-in-Fact/Owner (1	ard of the Representative(1 Original and 1	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth, Comelec,			
Photocopy)	and of the Representative (1 Original and 1	PRC, IBP, MARINA, OSCA			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON			
OLILINI OTLI O	AGENOT ACTION	1 EEO 10 BE 1 AIB	T NOOLOOMO TIME	RESPONSIBLE	
1.1 Get ticket number from the	1. Call next number in Queue	None	2 minutes	Luisito Ramirez	
Queue Management System	Management System		(if under normal		
, ,			circumstances)		
1.2 Wait for your number to be			,		
called		None			
2. Present/submit the requirement/s		None	2 minutes	Mitchie Fae dela Cruz	
to the assigned counter for initial	for completeness			Clark Costa	
assessment and verification				Riva Dolor Alamo	
				Irene Camilon	
				Josephine Aragon	
				Junen Baja	
				Madel Fina Base	



3. Pay the assessed/ required fee(s)	3. Receive the payment and Issue O.R.	P50.00 + P30. 00 (Documentary Stamp Tax)	3 minutes (if under normal circumstances)	Medalyn Saulog Jonathan Sampot Catherine Castillo Ramil Pascual Rizza May Camia Lor Annmae Mendoza Marietta Esguerra Evelyn Miranda Gillianne Villafuerte Charmaine Joy Saringayat Pee Chee Fauni Mary Ann Franco Alvin Topacio Gilbert de Jesus
Present the Official Receipt	Release the Tax Payment History	None	2 minutes	Leonida Tapawan
Fill-out the Client Satisfaction Rating Form				
	TOTAL	Php 80.00	9 minutes	



5. ASSESSMENT AND PAYMENT OF LOCAL TRANSFER TAX

Local Transfer Tax is imposed on the sale, donation, barter, or any other mode of transferring ownership or title of real property. Payment is due sixty (60) days from the date of execution of the deed or the date of the decedent's death.

OFFICE OR DIVISION	City Treasurer's Office					
CLASSIFICATION	Simple	imple				
TYPE OF TRANSACTION	G2C - Government to Citizen, G2B - Governme	ent to Business, G2G – Government to Government				
WHO MAY AVAIL THE	Imus City Real Property Owners					
SERVICE						
CHECKLIS	CHECKLIST OF REQUIREMENTS WHERE TO SECURE					
If you are the buyer/seller						
Deed of Absolute Sale or		Provided by the client				
Deed of Conveyance or						
Deed of Reconveyance (1 Photoc	opy) <u>or</u>					
Deed of Donation (1 Photocopy) o						
Extrajudicial Settlement of Estate						
Certificate of Sale (1 Photocopy) of	<u>or</u>					
Court Order	(2.2) (1.2)					
Certificate Authorizing Registration						
	Withholding Tax Remittance Return and Official Receipt/Deposit Slip (1					
Photocopy) and						
	cial Receipt/Deposit Slip (1 Photocopy) and	Bureau of Internal Revenue				
Documentary Stamp Tax Declarat						
Transfer Certificate of Title (1 Pho	tocopy)	Register of Deeds				
Tax Declaration (1 Photocopy)		City Assessor's Office				
Tax Clearance (1 Photocopy)		City Treasurers Office – Window 23 to 25				
Government Issued Identification	Card (1 Original/Photocopy)	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth,				
		Comelec, PRC, IBP, MARINA, OSCA				
If you are a representative						
Deed of Absolute Sale or						
Deed of Conveyance or						
Deed of Reconveyance (1 Photoc	opy) <u>or</u>	Described by the effect				
Deed of Donation (1 Photocopy) or		Provided by the client				
Extrajudicial Settlement of Estate						
Certificate of Sale (1 Photocopy)	<u>) (</u>					
Court Order	(CAD) (4 Dhatasani) ar					
Certificate Authorizing Registration	n (CAR) (1 Photocopy) <u>or</u>					

Withholding Tax Remittance F Photocopy) and Capital Gains Tax Return and Offi Documentary Stamp Tax Declarat	Bureau of Internal Revo	enue		
Transfer Certificate of Title (1 Pho		Register of Deeds		
Tax Declaration (1 Photocopy)		City Assessor's Office		
Tax Clearance (1 Photocopy)		City Treasurers Office -	– Window 1 to 3	
Secretary's Certificate (1 Original) Special Power of Attorney (1 Origi		Person/Company being		
Government Issued Identification	Card (1 Original/Photocopy)	BIR, Post Office, DFA, Comelec, PRC, IBP, M		g-IBIG, LTO, PhilHealth,
Government Issued Identification	Card of the Representative	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth, Comelec, PRC, IBP, MARINA, OSCA		
(1 Original and 1 Photocopy) CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE
CLIENT STEFS	AGENCI ACTION	FEES TO BE FAID	TIME	PERSON RESPONSIBLE
Present/submit the requirement/s to the assigned counter for initial assessment and verification	Receive the requirement/s and check for completeness	None	12 minutes (if under normal circumstances)	Jess Frederick Berco Cynthia Hernandez Madel Fina Base
2. Pay the assessed/ required fee(s)	2. Receive the payment and Issue O.R.	75% of 1% (.0075) of acquisition cost/fair market value/zonal value whichever is higher	3 minutes (if under normal circumstances)	Jess Frederick Berco Cynthia Hernandez Madel Fina Base
	Fill-out the Client Satisfa		45	
TOTAL Based on 15 minutes computation				



6. ISSUANCE OF LOCAL TRANSFER TAX CERTIFICATE

Local Transfer Tax Certificate is issued to all real property owners certifying the transfer tax payment of the property.

OFFICE OR DIVISION	City Treasurer's Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen, G2B - Govern	ment to Business, G2G	 Government to Government 	ernment
WHO MAY AVAIL THE SERVICE	Imus City Real Property Owners			
CHECKLIST OF REQUIREMENTS WHERE TO SECURE			URE	
If you are the owner				
Latest Tax Declaration (1 Photocopy		City Assessor's Office		
Transfer Certificate of Title (1 Photoc	copy)	Registry of Deeds		
Government Issued Identification Ca	rd	BIR, Post Office, DFA,	PSA, SSS, GSIS, Pag	g-IBIG, LTO, PhilHealth,
(1 Original/Photocopy)		Comelec, PRC, IBP, M.	ARINA, OSCA	
If you are a representative				
Latest Tax Declaration (1 Photocopy		City Assessor's Office		
Transfer Certificate of Title (1 Photoc		Registry of Deeds		
Secretary's Certificate (1 Original) or	Special Power of Attorney (1 Original)	Person/Company being	Represented	
	d of Corporate Secretary/ Signatory/Attorney-	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth,		
in-Fact/Owner (1 Photocopy) Comelec, PRC, IBP, MARINA, OSCA				
Government Issued Identification Ca	rd of the Representative	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth,		
(1 Original and 1 Photocopy)		Comelec, PRC, IBP, MARINA, OSCA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE
			TIME	
1. Present/submit the requirement/s		None	2 minutes	Jess Frederick Berco
for initial assessment and	completeness			Cynthia Hernandez
verification				Madel Fina Base
		DE0.00 D00.00		
2. Pay the assessed/ required fee(s)	2. Receive the payment and Issue O.R.	P50.00 + P30.00	3 minutes	Marietta Esguerra
		(Documentary Stamp	(if under normal	Evelyn Miranda
		Tax)	circumstances)	Gillianne Villafuerte
				Charmaine Joy Saringayat Pee Chee Fauni
				Mary Ann Franco
				Alvin Topacio
3. Present O.R. and claim the	2 Pologo the Cartificate	None	5 minutes	Gilbert de Jesus Jess Frederick Berco
Certification	5. Release the Certificate	None	5 minutes	Cynthia Hernandez
Certification				Cynthia Herriandez

				Madel Fina Base
Fill-out the Client Satisfaction Rating Form				
TOTAL Php 80.00 10 minutes				

7. ISSUANCE OF COMMUNITY TAX CERTIFICATE

Community Tax Certificate is imposed on all the inhabitants of the city who are eighteen years old and above, as well as juridical persons doing business in the city or whose office or establishment is located in the city. It shall accrue on the first (1st) day of January each year and shall be paid not later than the last day of February of each year.

OFFICE OR DIVISION	City Treasurer's Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	Residents of City of Imus (must be eighte	een years old and above)			
	Residents and non-residents engaged in	business or occupation in the City of Imus			
	Real Property owner in City of Imus				
	Individuals who are required to file an inc	come tax return			
CHECKLIST OF	FREQUIREMENTS	WHERE TO SECURE			
If you are the applicant					
Latest community tax certificate (Original		Provided by the client			
Government Issued Identification Care	d of the Applicant (Original) <u>or</u>	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth, Comelec,			
		PRC, IBP, MARINA, OSCA			
If you are a representative					
Latest community tax certificate (Original		Provided by the client			
Government Issued Identification Care	d of the Applicant (Original/Photocopy)	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth, Comelection			
		PRC, IBP, MARINA, OSCA			
Special Power of Attorney (1 Original)		Person being Represented			
Government Issued Identification Care	d of the Representative	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth, Comelec,			
(1 Original and 1 Photocopy)		PRC, IBP, MARINA, OSCA			
For BIR Filing					
Latest community tax certificate (Original		Provided by the client			
Government Issued Identification Card of the Applicant (Original)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth, Comelec,			
		PRC, IBP, MARINA, OSCA			
Certificate of Compensation Payment	BIR Form 2316 (1 Original/Photocopy)	Client's Employer			



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Present/submit the requirement/s	1. Receive the requirement/s and check	None	2 minutes	Lea Ilagan		
to the assigned counter for initial	for completeness		(if under normal	Marietta Esguerra		
assessment and verification			circumstances)	Evelyn Miranda		
				Gillianne Villafuerte		
				Charmaine Joy Saringayat		
				Pee Chee Fauni		
				Mary Ann Franco		
				Alvin Topacio Gilbert de Jesus		
2. Pay the passessed/ required fee(a)	2. Receive the payment and Issue O.R.	For Individual:	3 minutes			
2. Pay the assessed/ required fee(s)	2. Receive the payment and issue O.K.	P5.00 + (P1.00 for	(if under normal	Lea Ilagan Marietta Esguerra		
		every P1,000.00 of	circumstances)	<u> </u>		
		income/property)	circumstances)	Evelyn Miranda Gillianne Villafuerte		
		income/property)				
		For Corporations		Charmaine Joy Saringayat Pee Chee Fauni		
		For Corporation:		Mary Ann Franco		
		P500.00 + (P2.00		Alvin Topacio		
		for every		Gilbert de Jesus		
		P5,000.00 of				
	F.11 - 1 - 1 - 0 - 1 - 0 - 1	income/property)				
	Fill-out the Client Satisfaction Rating Form					
	TOTAL Based on 5 minutes					
		computation				



8. PAYMENT OF PROFESSIONAL TAX

Professional Tax is imposed on each person engaged in the exercise or practice of his profession requiring government examination. Payment is due on or before the thirty-first (31st) of January each year.

before the thirty-hist (51) of sandary					
OFFICE OR DIVISION	City Treasurer's Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	Licensed Professionals				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Previous Professional Tax Official Re	eceipt (Original/Photocopy) <u>or</u>	Provided by the client			
Professional Regulation Commission	License (Original/Photocopy)				
		Professional Regulation	n Commission		
For Lawyers					
	pines Identification Card/Roll Number	Integrated Bar of the P	hilippines		
(Original/Photocopy)					
For insurance agents					
Insurance Company Identification Ca	ard/Certification	Philippine Regulation Commission/Insurance Commission			
Tax Identification Number		Bureau of Internal Revenue			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present/submit the	1. Receive the requirement/s and check for	None	5 minutes	Jess Frederick Berco	
requirement/s to the assigned	completeness		(if under normal	Cynthia Hernandez	
counter for initial assessment			circumstances)	Madel Fina Base	
and verification					
2. Pay the assessed/ required fee(s)	2. Receive the payment and Issue O.R.	P300.00 + Penalty (if	3 minutes	Jess Frederick Berco	
		applicable)	(if under normal	Cynthia Hernandez	
			circumstances)	Madel Fina Base	
	Fill-out the Client Satisfa				
	TOTAL	Based on	8 minutes		
		computation			



9. BUSINESS RETIREMENT ASSESSMENT AND ISSUANCE OF BUSINESS CLOSURE CERTIFICATE

A business subject to tax, upon closure/cessation of operation, shall inform LGU for the assessment of any tax due to be paid before its full termination. Business Closure Certificate is issued to all business tax owners certifying that the business filed for business retirement.

OFFICE OR DIVISION	City Treasurer's Office	City Treasurer's Office			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All Business Owners				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
For Sole/Single Proprietorship					
Completely Filled-out and Notarized			 Business Tax Division 		
Latest Original Business Permit (Original Business Permit (Origina		Provided by the client			
Latest Official Receipt (1 Photocopy)		Provided by the client			
Certificate of Last Payment – If the re		Business Permit and L	icense Office		
Latest Community Tax Certificate (O		Provided by the client			
Audited Financial Statement/Income		Bureau of Internal Rev			
Certificate of Gross Sales – If ITR/FS	S is consolidated (1 Original)	Company/Business Ac	countant		
For Partnership/Corporation					
Completely Filled-out and Notarized		City Treasurers Office – Business Tax Division			
Latest Original Business Permit (Original Business Permit (Origina		Provided by the client			
Latest Official Receipt (1 Photocopy)		Provided by the client			
Certificate of Last Payment – If the re		Business Permit and License Office			
Latest Community Tax Certificate (O		Provided by the client			
Audited Financial Statement/Income		Bureau of Internal Rev	*****		
Certificate of Gross Sales – If ITR/FS		Company/Business Accountant			
	Board Resolution (1 Original) specifying the	Person being Represented			
Date of Closure and Authorized Repr	resentative				
	rd of Corporate Secretary/ Signatory (1	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth,			
Photocopy)		Comelec, PRC, IBP, MARINA, OSCA			
Government Issued Identification Card of the Representative (1 Photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth,			
OUTSIT STEPS		Comelec, PRC, IBP, M		DEDOON DEODONG'S'	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present/submit the requirement/s	·	None	5 minutes	Bryan Ordoñez	
for initial assessment and	completeness		(if under normal	Karl Erick Sapida	
verification			circumstances)	Patrick George Mercene	
				Dennis Gaurino	



	1.2 Issue Order of Payment	None		Elvie Candalla	
	·			Jean Mari Aveno	
2. Pay the assessed/ required fee(s)	2. Receive the payment and Issue O.R.	Based on table below	3 minutes	Lea Ilagan	
		+ penalty (if	(if under normal	Marietta Esguerra	
		applicable) + P50.00	circumstances)	Evelyn Miranda	
		+ P30 (Documentary		Gillianne Villafuerte	
		Stamp Tax)		Charmaine Joy Saringayat	
				Mary Ann Franco	
				Alvin Topacio	
				Gilbert de Jesus	
3.1 Present O.R.	3.1 Verify O.R.	None	5 minutes	Bryan Ordoñez	
			(if under normal	Karl Erick Sapida	
			circumstances)	Patrick George Mercene	
3.2 Claim the Certification	3.2 Prepare and Release the Business			Dennis Gaurino	
	Closure Certificate			Elvie Candalla	
				Jean Mari Aveno	
4. Submit 1 Photocopy of	Receive the Certification	None	2 minutes	Administrative Assistant V	
Certification				Business Permit and	
				License Office	
	Fill-out the Client Satisfaction Rating Form				
	TOTAL	Based on	15 minutes		
		computation			



(a) On manufacturers, assemblers, repackers, processors, brewers, distillers, rectifiers, and compounders of liquors, distilled spirits, and wines or manufacturers of any article of commerce of whatever kind or nature. In accordance with the following schedule:

Amount of Gross Sales/Receipts for the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,742.00
75,000.00 or more but less than 100,000.00	2,178.00
100,000.00 or more but less than 150,000.00	2,904.00
150,000.00 or more but less than 200,000.00	3,630.00
200,000.00 or more but less than 300,000.00	5,082.00
300,000.00 or more but less than 500,000.00	6,655.00
500,000.00 or more but less than 750,000.00	10,560.00
750,000.00 or more but less than 1,000,000.00	13,200.00
1,000,000.00 or more but less than 2,000,000.00	18,150.00
2,000,000.00 or more but less than 3,000,000.00	22,143.00
3,000,000.00 or more but less than 4,000,000.00	26,136.00
4,000,000.00 or more but less than 5,000,000.00	30,492.00
5,000,000.00 or more but less than 6,500,000.00	32,175.00
6,500,000.00 or more	P32,175.00 plus 49.5% of 1% over P6.5million

The preceding rates shall apply only to the amount of domestic sales of manufacturers, assemblers, repackers, processors, brewers, distillers, rectifiers and compounders of liquors, distilled spirits, and wines or manufacturers of any article of commerce of whatever kind or nature other than those enumerated under paragraph (c) of this Section.



(b) On wholesalers, distributors, or dealers in any article of commerce of whatever kind or nature in accordance with the following schedules:

Gross Sales/Receipts for the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,306.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,468.00
150,000.00 or more but less than 200,000.00	3,194.00
200,000.00 or more but less than 300,000.00	4,345.00
300,000.00 or more but less than 500,000.00	5,416.00
500,000.00 or more but less than 750,000.00	8,712.00
750,000.00 or more but less than 1,000,000.00	11,616.00
1,000,000.00 or more but less than 2,000,000.00	13,200.00
2,000,000.00 or more	P13,200.00 plus 66%
	of 1% over P2.0 million

The businesses enumerated in paragraph (a) above shall no longer be subject to the tax on wholesalers, distributors, or dealers herein provided for.

However, barangays shall have the exclusive power to levy taxes on stores whose gross sales or receipts of the preceding calendar year does not exceed Fifty Thousand Pesos (P50,000.00) subject to existing laws and regulations.

- (c) On exporters, and on manufacturers, millers, producers, wholesalers, distributors, dealers or retailers of essential commodities enumerated hereunder at a rate not exceeding one-half (1/2) of the rates prescribed under subsections (a), (b), and (d) the Ordinance;
 - 1. Rice and Corn:
 - 2. Wheat or cassava flour, meat, dairy products, locally manufactured, processed or preserved food, sugar, salt and agricultural marine, and fresh water products, whether in their original state or not;
 - 3. Cooking oil and cooking gas;
 - 4. Laundry soap, detergents, and medicine;
 - 5. Agricultural implements, equipment and post-harvest facilities, fertilizers, pesticides, insecticides, herbicides and other farm inputs;
 - 6. Poultry feeds and other animal feeds;
 - 7. School supplies; and
 - 8. Cement



(d) On exporters of all articles of commerce of whatever kind or nature not mentioned under subsection (c), in accordance with the following schedule:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
Less than 100,000.00	871.00
100,000.00 or more but less than 150,000.00	1,221.00
150,000.00 or more but less than 200,000.00	1,580.00
200,000.00 or more but less than 300,000.00	2,178.00
300,000.00 or more but less than 500,000.00	2,904.00
500,000.00 or more but less than 750,000.00	4,345.00
750,000.00 or more but less than 1,000,000.00	5,749.70
1,000,000.00 or more but less than 2,000,000.00	6,534.00
2,000,000.00 or more	P6,534.00 plus 32.45% of 1% over P2.0 million



(e) On contractors and other independent contractors in accordance with the following schedule:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,161.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,613.00
150,000.00 or more but less than 200,000.00	3,484.00
200,000.00 or more but less than 250,000.00	4,791.00
250,000.00 or more but less than 300,000.00	6,098.00
300,000.00 or more but less than 400,000.00	8,131.00
400,000.00 or more but less than 500,000.00	10,890.00
500,000.00 or more but less than 750,000.00	12,210.00
750,000.00 or more but less than 1,000,000.00	13,530.00
1,000,000.00 or more but less than 2,000,000.00	15,180.00
2,000,000.00 or more	P15,180.00 plus 66% of 1% over P2.0 million

Provided that in no case shall the tax on gross receipts of P2,000,000.00 or more be less than P15,1800.00

(f) On banks and other financial institutions, at the rate of seven five percent of one percent (75% of 1%) of the gross receipts of the preceding calendar year derived from interest, commissions and discounts from lending activities, income from financial leasing, dividends, rentals on property, and profit from exchange or sale of property, insurance premium. All other income and receipts not herein enumerated shall be excluded in the computation of the tax.



(g) On operators of theaters and cinema houses, video-movie houses utilizing laser disc players, projectors and of similar apparatus, and other entertainment sites on the internet and other show houses which are open to public for a fee:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,560.00
75,000.00 or more but less than 100,000.00	2,335.00
100,000.00 or more but less than 150,000.00	3,269.00
150,000.00 or more but less than 200,000.00	4,295.00
200,000.00 or more but less than 250,000.00	5,493.00
250,000.00 or more but less than 300,000.00	7,296.00
300,000.00 or more but less than 400,000.00	9,837.00
400,000.00 or more but less than 500,000.00	10,175.00
500,000.00 or more but less than 750,000.00	11,275.00
750,000.00 or more but less than 1,000,000.00	12,650.00
1,000,000.00 or more but less than 2,000,000.00	13,915.00
2,000,000.00 or more	P13,915.00 plus 66% of 1% over P2.0 million

(h) On lessors of real estate including apartments and boarding houses:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 60,000.00	1,210.00
60,000.00 or more but less than 70,000.00	1,548.00
70,000.00 or more but less than 80,000.00	1,839.00
80,000.00 or more but less than 90,000.00	2,153.00
90,000.00 or more but less than 100,000.00	2,468.00
100,000.00 or more but less than 150,000.00	3,061.00
150,000.00 or more but less than 200,000.00	4,138.00
200,000.00 or more but less than 300,000.00	5,517.00
300,000.00 or more but less than 500,000.00	8,167.00
500,000.00 or more but less than 750,000.00	13,722.00
750,000.00 or more but less than 1,000,000.00	19,882.00
1,000,000.00 or more but less than 2,000,000.00	21,780.00
2,000,000.00 or more	P21,780.00 plus 66% of 1% over P2.0 million



- (i) On the businesses hereunder enumerated:
 - 1. Commission agents;
 - 2. Lessors, dealers, brokers of real estate;
 - 3. On travel agencies and travel agents;

 - On boarding houses, pension houses, motels, apartments, apartelles, and condominiums;
 Subdivision owners/developers, Private Cemeteries and Memorial Parks owners/developers;
 - 6. Privately-owned markets;
 - 7. Hospitals, medical clinics, dental clinics, therapeutic clinics, medical laboratories, dental laboratories;
 - 8. Operators of Cable Network System;
 - 9. General consultancy services;
 - 10. Warehouses;
 - 11. On line businesses that offers services;
 - 12. All other similar activities consisting essentially of the sales of services for a fee

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1.161.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,613.00
150,000.00 or more but less than 200,000.00	3,484.00
200,000.00 or more but less than 250,000.00	4,791.00
250,000.00 or more but less than 300,000.00	6,098.00
300,000.00 or more but less than 400,000.00	8,131.00
400,000.00 or more but less than 500,000.00	10,890.00
500,000.00 or more but less than 750,000.00	12,210.00
750,000.00 or more but less than 1,000,000.00	13,530.00
1,000,000.00 or more but less than 2,000,000.00	15,180.00
2,000,000.00 or more	P15,180.00 plus 66% of 1% over P2.0 million

Provided, that in no case shall the tax on gross sales of P2,000,000.00 or more be less than P15,180.



(j) On retailers with gross sales or receipts for the preceding year in the amount of:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,306.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,468.00
150,000.00 or more but less than 200,000.00	3,194.00
200,000.00 or more but less than 300,000.00	4,345.00
300,000.00 or more but less than 500,000.00	5,416.00
500,000.00 or more but less than 750,000.00	8,712.00
750,000.00 or more but less than 1,000,000.00	11,616.00
1,000,000.00 or more but less than 100,000,000.00	P11,616.00 plus 66% of 1% over P1.0 million but less than P100 million
100,000,000.00 or more but less than 500,000,000.00	P665,016.00 plus 1.10% over P100 million but less than P500 million
500,000,000.00 or more	P5,065,016.00 plus 82.5% of 1% over P500 million

(k) On retailers classified as sari-sari store with gross sales or receipts for the preceding year in the amount of:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,188.00
75,000.00 or more but less than 100,000.00	1,584.00
100,000.00 or more but less than 150,000.00	2,244.00
150,000.00 or more but less than 200,000.00	2,904.00
200,000.00 or more but less than 300,000.00	3,950.00
300,000.00 or more but less than 500,000.00	4,924.00
500,000.00 or more but less than 750,000.00	7,920.00
750,000.00 or more but less than 1,000,000.00	10,560.00
1,000,000.00 or more but less than 2,000,000.00	P10,560.00 plus 60% of 1% over P1.0 million

- (I) On Authorized Franchise Car Dealers engaged in business of selling brand new vehicles and genuine parts pursuant to a valid and existing Franchise Agreement with legitimate manufacturers and distributors shall be taxed at the rate of 50% of 1% of gross receipts up to P 2,000,000.00 and 45% of 1% of gross receipts in excess of P 2,000,000.00.
- (m) On restaurants and other eating establishments such as, but not limited to cafes, cafeterias, ice cream or refreshment parlors, carinderias, soda fountains, food caterers, fast food centers and snack counters shall be taxed at the rate of 1.75% of the gross receipts of the preceding calendar year.
- (n) On operators engaged in amusement devices and computer shop shall be taxed at the rate of Two Hundred Pesos (P200.00) per amusement device.
- (o) On peddlers engaged in the sale of any merchandise or article of commerce, at the rate of Sixty Six Pesos (P66.00) per peddler annually.

Delivery trucks, vans or vehicles used by manufacturers, producers, wholesalers, dealers or retailers enumerated under Section 141 of R.A. 7160 shall be exempt: from the peddlers' tax herein imposed.

The tax herein imposed shall be payable within the first twenty (20) days of January. An individual who will start to peddle merchandise or articles of commerce after January 20 shall pay the full amount of the tax before engaging in such activity.

(p) On any business, not otherwise specified in the preceding paragraphs, which the Sanggunian concerned may deem proper to tax: Provided, That on any business subject to the excise, value-added or percentage tax under the National Internal Revenue Code, as amended, the rate of tax shall not exceed two percent (2%) of gross sales or receipts of the preceding calendar year.



10. PAYMENT OF CONTRACTORS TAX

Contractors Tax is a business tax imposed on contractors and other independent contractors such as, but not limited to, general engineering, general building, and specialty contractors.

ballaling, and opeolarly contractors.					
OFFICE OR DIVISION	City Treasurer's Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government				
WHO MAY AVAIL THE SERVICE					
CHECKLIST O	F REQUIREMENTS		WHERE TO SECURE		
Application for Building Permit (1 Pho	otocopy)	Office of the Building Officia	al		
Duly Signed Transmittal (1 Original/1	Photocopy)	Office of the Building Officia	al		
Duly Certified Bill of Materials with	PRC & PTR License of the Architect or	Provided by client			
Engineer (1 Photocopy)					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present/submit the requirement/s	1.1 Receive the requirement/s and	None	4 minutes	Bryan Ordoñez	
for initial assessment and	check for completeness		(if under normal	Karl Erick Sapida	
verification			circumstances)	Patrick George Mercene	
	1.2 Issue Statement of Account	None		Dennis Gaurino	
				Elvie Candalla	
2. Pay the assessed/required fee(s)	2. Receive the payment and Issue O.R.	Based on the table below	3 minutes	Lea Ilagan	
			(if under normal	Marietta Esguerra	
			circumstances)	Evelyn Miranda	
				Gillianne Villafuerte	
				Charmaine Joy Saringayat	
O Culturality of Districtions of Official	O Descina the Dheterous of Official	Niene	4 mains sta	Daves Onde 2	
	3. Receive the Photocopy of Official	None	1 minute	Bryan Ordoñez	
Receipt	Receipt			Karl Erick Sapida Patrick George Mercene	
				Dennis Gaurino	
				Elvie Candalla	
Fill-out the Client Satisfaction Rating Form					
	TOTAL Based on computation 8 minutes				
TOTAL Buscu on computation of minutes					



Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum	
Less than 5,000.00	32.75	
5,000.00 or more but less than 10,000.00	73.65	
10,000.00 or more but less than 15,000.00	125.45	
15,000.00 or more but less than 20,000.00	198.00	
20,000.00 or more but less than 30,000.00	330.00	
30,000.00 or more but less than 40,000.00	462.00	
40,000.00 or more but less than 50,000.00	660.00	
50,000.00 or more but less than 75,000.00	1,056.00	
75,000.00 or more but less than 100,000.00	1,584.00	
100,000.00 or more but less than 150,000.00	2,376.00	
150,000.00 or more but less than 200,000.00	3,168.00	
200,000.00 or more but less than 250,000.00	4,356.00	
250,000.00 or more but less than 300,000.00	5,544.00	
300,000.00 or more but less than 400,000.00	7,392.00	
400,000.00 or more but less than 500,000.00	9,900.00	
500,000.00 or more but less than 750,000.00	11,100.00	
750,000.00 or more but less than 1,000,000.00	12,300.00	
1,000,000.00 or more but less than	13,800.00	
2,000,000.00		
2 000 000 00 07 more	At a rate not exceeding fifty	
2,000,000.00 or more	percent (55%) of	
	one percent (1%)	



11. PAYMENT OF VARIOUS LOCAL TAXES, FEES, AND REGULATORY CHARGES

Payment of various local taxes, fees, and regulatory charges payable to City Government of Imus.

OFFICE OR DIVISION	City Treasurer's Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government				
WHO MAY AVAIL THE SERVICE All					
CHECKLIST	T OF REQUIREMENTS WHERE TO SECURE			RE	
Order of Payment or Statement of A	count or Assessment of Taxes and Fees	Respective Imus City I			
Government Issued Identification Ca	rd	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth,			
		Comelec, PRC, IBP, M			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present/submit the requirement/s to the assigned counter for initial assessment and verification	Receive the requirement/s and check for completeness	None	2 minutes (if under normal circumstances)	Lea llagan Marietta Esguerra Evelyn Miranda Gillianne Villafuerte Charmaine Joy Saringayat Pee Chee Fauni Mary Ann Franco Alvin Topacio Gilbert de Jesus	
2. Pay the assessed/required fee(s)	2. Receive the payment and Issue O.R.	Based on the table below	3 minutes (if under normal circumstances)	Lea Ilagan Marietta Esguerra Evelyn Miranda Gillianne Villafuerte Charmaine Joy Saringayat Pee Chee Fauni Mary Ann Franco Alvin Topacio Gilbert de Jesus	
Fill-out the Client Satisfaction Rating Form					
	TOTAL	Based on	5 minutes		
		computation			



NATURE OF TAX / FEE	AMOUNT CHARGED
Amusement Tax	as assessed by BPLO
Anti-Rabies Fee	Php 100.00
Business Tax	as assessed by BPLO and City Treasurer
Building Fee	as assessed by City Building Office
Burial Fee	as assessed by BPLO
Business Delinquency Fee	as assessed by Permits and Licensing Office and City Treasurer
Business Retirement Tax	as assessed by the City Treasurer
Cemetery Fee	as assessed by BPLO
Civil Registrar Fee	as assessed by City Civil Registrar
Engineering and Electrical Fees	as assessed by City Engineer's Office
Facilities Fee	as assessed by City Administrator's Office
Franchise Renewal	as assessed by Tricycle Regulatory Unit
Health Fee	Php 100.00 + Php 30.00 Documentary Stamp Tax

NATURE OF TAX / FEE	AMOUNT CHARGED
Local Franchise Tax	50% of 1% of Gross Sales
Mayor's Clearance	Php 50.00
No-Plastic Ordinance Fee	as assessed by CENRO
Other City Fees	as assessed by offices concerned
Pedicycle Registration	as assessed by Tricycle Regulatory Unit
Permit to Construct	Php 250.00
Personnel Certification	Php 50.00
Special Permit Fee	Php 785.00
Traffic Violation Fee	as assessed by CTMO / Violation Ticket
Tricycle Registration	as assessed by Tricycle Regulatory Unit
Working Permit Fee	as assessed by PESO
Zoning Fee	as assessed by City Planning & Development Office
Others	Refer to Order of Payment/Statement of Account



12. CHECK RELEASE OF FINANCIAL ASSISTANCE, CITY UTILITY EXPENDITURES, EMPLOYEE BENEFITS, AND OTHER CLAIMS

Release of checks for financial assistance, utility expenditures, employee benefits, and other claims.

OFFICE OR DIVISION	City Treasurer's Office	•		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen, G2B - Govern	ment to Business, G2G	 Government to Gov 	ernment
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Official Receipt – If the claim is finance providers/creditors (Original)	ial assistance/scholarship/contractors/service	Provided by client		
Authorization Letter or Special Powe Resolution specifying the Authorized	r of Attorney <u>or</u> Secretary Certificate <u>or</u> Board Representative (1 Original)	Person being Represer	nted	
Government Issued Identification Card of Corporate Secretary/ Signatory/Attorney- in-Fact/Creditor (1 Photocopy) BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, Philh Comelec, PRC, IBP, MARINA, OSCA				S, Pag-IBIG, LTO, PhilHealth,
Government Issued Identification Card of the Representative (1 Original and 1 Photocopy)		BIR, Post Office, DF Comelec, PRC, IBP, M		S, Pag-IBIG, LTO, PhilHealth,
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present/submit the requirement/s for initial assessment and verification	Receive the requirement/s and check for completeness	None	2 minutes (if under normal circumstances)	Luisa Tan Val Abad Pee Chee Fauni Kenneth Figueroa
0.0. Receive the check 0.1. Sign the disbursement and check voucher/s	2. Release the check	None	4 minutes (if under normal circumstances)	Luisa Tan Val Abad Pee Chee Fauni Kenneth Figueroa
	Fill-out the Client Satisfa	action Rating Form		
TOTAL None 6 minutes				



13. RELEASE OF SENIOR CITIZEN SUBSIDY

All registered senior citizens of the City of Imus are entitled to receive senior citizen subsidy semi-annually.

OFFICE OR DIVISION	City Treasurer's Office	•	,	
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All Senior Citizens of the City of Imus			
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			RE
If you are the recipient				
Government Issued Identification Ca	rd (1 Original/1 Photocopy)	BIR, Post Office, DF Comelec, PRC, IBP, M		Pag-IBIG, LTO, PhilHealth,
If you are a representative				
OSCA Authorization Letter (1 Original)		Senior Citizen President of the Barangay		
Government Issued Identification Card of the recipient (1 Photocopy)		BIR, Post Office, DF Comelec, PRC, IBP, M		Pag-IBIG, LTO, PhilHealth,
Government Issued Identification Ca	rd of the Representative	BIR, Post Office, DF	A, PSA, SSS, GSIS,	Pag-IBIG, LTO, PhilHealth,
(1 Original and 1 Photocopy)		Comelec, PRC, IBP, MARINA, OSCA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present/submit the requirement/s	1. Receive the requirement/s and check for	None	5 minutes	Gencil Ramos
for initial assessment and	completeness		(if under normal	
verification			circumstances)	
Receive the pay envelope	Release the pay envelope	None	2 minutes	Luisa Tan
				Annaliza Racasa
	Fill-out the Client Satisfa	action Rating Form		
	TOTAL	None	7 minutes	



14. DISBURSEMENT AND ISSUANCE OF CHECKS

Preparation and check issuance for all creditors of City Government of Imus and recipients of financial assistance/honorarium/allowances etc.

OFFICE OR DIVISION	City Treasurer's Office					
CLASSIFICATION	Complex					
TYPE OF TRANSACTION	G2C - Government to Citizen, G2B – Government to Business, G2G – Government to Government					
WHO MAY AVAIL THE SERVICE	All creditors of City Government of Imus and recipients of financial assistance/honorarium/allowances etc.					
	KLIST OF REQUIREMENTS WHERE TO SECURE			JRE		
Approved Disbursement Voucher and all supporting documents in Accounting Checklist		From requesting department/agency				
Additional Requirements:						
Financial Assistance						
Official Receipt		provided by client				
Employee Benefit						
Photocopy of Identification Card		BIR, Post Office, DFA, Comelec, PRC, IBP, M		-IBIG, LTO, PhilHealth,		
Supplier						
Authorization Letter or Special Powe		Person being Represei	nted			
Government Issued Identification Ca	rd of the owner	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PhilHealth,				
(1 Original and 1 Photocopy)		Comelec, PRC, IBP, M				
Government Issued Identification Ca	rd of the Representative			J-IBIG, LTO, PhilHealth,		
(1 Original and 1 Photocopy)		Comelec, PRC, IBP, M	ARINA, OSCA			
Official Receipt (Suppliers Tax)		City Treasurer's Office				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit approved Disbursement Voucher and supporting documents		None	5 minutes	Ruby Protacio		
1.2 Encode details of the disbursement voucher in Voucher Monitoring File		None	2 minutes			
1.3 Route for City Treasurer's Approval		None	4 hours			
	1.4 Prepare Check	None	1 hour			
<u> </u>						



	1.5 Encode Check Details in Check Monitoring File	None		
	1.6 Prepare Accountant's Advice	None	10 minutes	
	1.7 Accountant's Advice (Accounting)	None		
	1.8 Encode SRE	None	41	
	1.9 Route Check for Signature	None	4 hours	
		None	1 day	
2.1 Submit additional requirement	2.1 Check and verify additional requirements	None		
2.2 Receive check	2.2 Issue Check			
	TOTAL	None	2 days	

NOTE: This is on a normal circumstance.



CITY TREASURER'S OFFICE

INTERNAL SERVICES



1. ISSUANCE OF ACCOUNTABLE FORMS

Issuance of Accountable forms to all bonded collectors and barangay captains/treasurers of the City Government of Imus.

OFFICE OR DIVISION	City Treasurer's Office					
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2G – Government to Government					
WHO MAY AVAIL THE SERVICE	All bonded collectors and barangay captains/	treasurers of the City Go	overnment of Imus			
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE					
For Barangay Captains/Treasurers	3					
Bond Confirmation (1 Photocopy)		Bureau of Treasury				
Oath (1 Photocopy)		Department of the Inter	rior and Local Governr	ment		
Certificate of Appointment (1 Photoc	opy)	Barangay Captain				
Official Receipt (Proof of Purchase of	f Accountable Form 51)	City Treasurers Office				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE		
			TIME			
Pay for Official Receipt	Receive the payment and Issue O.R.	P300.00 / booklet	3 minutes	Cristina Calvelo		
			(if under normal			
			circumstances)			
2. Present/submit the requirement/s	2.1 Receive the requirement/s and check for	None	5 minutes	Cristina Calvelo		
for initial assessment and	completeness		(if under normal			
verification	•		circumstances)			
	2.2 Prepare Requisition and Issue Voucher	None				
	, , , , , , , , , , , , , , , , , , , ,					
	2.3 Prepare Acknowledgement Receipt	None				
3. Receive the Accountable Forms	3. Issue Accountable Forms	None	2 minutes	Cristina Calvelo		
	Fill-out the Client Satisfa	action Rating Form				
	TOTAL	Php 300.00/booklet	10 minutes			



BUSINESS PERMITS AND LICENSING OFFICE

EXTERNAL SERVICES



1. ISSUANCE OF NEW BUSINESS/MAYOR'S PERMIT (ON-SITE AND KIOSK)

All enterprises are required to secure a Business License and Mayor's Permit, and pay business taxes before the start of commercial operations.

OFFICE OR DIVISION	Business Permits and Licensin	ng Office	
CLASSIFICATION	Simple		
TYPE OF TRANSACTION	G2B – Government to Business		
WHO MAY AVAIL THE SERVICE	WHO MAY AVAIL THE SERVICE All proprietors with new business in the City of Imus		
CHECKLIST OF RE	QUIREMENTS	WHERE TO SECURE	
FOR ONSITE: Please fill-out the Bu		Business One-Stop Shop (BOSS), https://cityofimus.gov.ph	
Form/Unified Form (provided by B			
with the following requirements to	the Counter/Window:		
FOR KIOOK Places (III a 441 a B		D . ' O O((DOOO) (4)OO(
FOR KIOSK: Please fill-out the Bus		Business One-Stop Shop (BOSS) KIOSK	
Form/Unified Form using the KIOS requirements to the Counter/Wind			
Proof of Registration	O VV .		
-DTI, if Sole Proprietorship		Business One-Stop Shop (BOSS), https://bnrs.dti.gov.ph/registration, Imus Satellite Office	
2 Copies - 1 Original, 1 Photocopy or	r	- The District Mall, City of Imus, Any DTI Office	
-SEC Registration, if Partnership or 0		https://crs.sec.gov.ph/; Secretariat Building, PICC Complex	
2 Copies COMPLETE SET - 1 Origin	al, 1 Photocopy or	Roxas Boulevard, Metro Manila Philippines	
004 (000000)			
-CDA, if Cooperative		https://www.cda.gov.ph/resources/downloads/pro-forma-registration-documents; 827	
2 Copies - 1 Original, 1 Photocopy		Aurora Blvd., Immaculate Conception, Quezon City. For registration of primary cooperatives, this power has been delegated to the Regional or Extension Offices	
- Housing and Land Use Regulatory	Board (HLURR) Registration /	cooperatives, this power has been delegated to the Neglonal of Extension Offices	
Department of Human Settlement an		https://dhsud.gov.ph/services/homeowners-association/;	
(DHSUD) Registration (for Homeown		DHSUD Building, Kalayaan Avenue, corner Mayaman Street, Diliman, Quezon City, 1101	
Proof of right of applicant to use lo		From the owner of the business place	
-Certified True Copy of Original Certi	ficate Title (OCT)/ Certified	·	
True Copy of Transfer Certificate of Title (TCT) -1 Original			
-Notarized Deed of Sale (if owned)-	Original and 1 Photocopy-		
complete set			
-Notarized Contract to Sell (if under	amortization) -Original and 1		
Photocopy-complete set	seor's Rusinoss Pormit /if		
 -Notarized Contract of Lease and Lease renting)- Original and 1 Photocopy-original 	•		
Tenting)- Original and Tenolocopy-C	ompiete set		





-Notarized Memorandum of Agreement/ Notarized written consent of property owner (if not owned, not renting) -Original and 1 Photocopy-complete set - Death Certificate, Extrajudicial Settlement/Last Will and Testament/Affidavit of Self-Adjudication, Affidavit of Heirship and Written Consent for one of the heirs to use the property for business (if the title owner is deceased)- Original and 1 Photocopy-complete set -Notarized Consent of other title owner (if the business owner is one of the title owner)-Original -Secretary's Certificate (if title is single owned-for Corporation)-Original, -Certificate of Award Notice from NHA (if without title but with Tax Declaration) Original and 1 Photocopy -Affidavit of Sworn Declaration of all real properties for rent with tenants listed therein- Original (if lessor) Location plan or sketch of the location with picture of establishment (front, right, left side view including the road, and	
Photocopy-complete set - Death Certificate, Extrajudicial Settlement/Last Will and Testament/Affidavit of Self-Adjudication, Affidavit of Heirship and Written Consent for one of the heirs to use the property for business (if the title owner is deceased)- Original and 1 Photocopy-complete set -Notarized Consent of other title owner (if the business owner is one of the title owner)-Original -Secretary's Certificate (if title is single owned-for Corporation)- Original, -Certificate of Award Notice from NHA (if without title but with Tax Declaration) Original and 1 Photocopy -Affidavit of Sworn Declaration of all real properties for rent with tenants listed therein- Original (if lessor) Location plan or sketch of the location with picture of From the owner of the business	
- Death Certificate, Extrajudicial Settlement/Last Will and Testament/Affidavit of Self-Adjudication, Affidavit of Heirship and Written Consent for one of the heirs to use the property for business (if the title owner is deceased)- Original and 1 Photocopy-complete set -Notarized Consent of other title owner (if the business owner is one of the title owner)-Original -Secretary's Certificate (if title is single owned-for Corporation)- Original, -Certificate of Award Notice from NHA (if without title but with Tax Declaration) Original and 1 Photocopy -Affidavit of Sworn Declaration of all real properties for rent with tenants listed therein- Original (if lessor) Location plan or sketch of the location with picture of From the owner of the business	
Testament/Affidavit of Self-Adjudication, Affidavit of Heirship and Written Consent for one of the heirs to use the property for business (if the title owner is deceased)- Original and 1 Photocopy-complete set -Notarized Consent of other title owner (if the business owner is one of the title owner)-Original -Secretary's Certificate (if title is single owned-for Corporation)-Original, -Certificate of Award Notice from NHA (if without title but with Tax Declaration) Original and 1 Photocopy -Affidavit of Sworn Declaration of all real properties for rent with tenants listed therein- Original (if lessor) Location plan or sketch of the location with picture of From the owner of the business	
Written Consent for one of the heirs to use the property for business (if the title owner is deceased)- Original and 1 Photocopy-complete set -Notarized Consent of other title owner (if the business owner is one of the title owner)-Original -Secretary's Certificate (if title is single owned-for Corporation)-Original, -Certificate of Award Notice from NHA (if without title but with Tax Declaration) Original and 1 Photocopy -Affidavit of Sworn Declaration of all real properties for rent with tenants listed therein- Original (if lessor) Location plan or sketch of the location with picture of From the owner of the business	
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-Affidavit of Sworn Declaration of all real properties for rent with tenants listed therein- Original (if lessor) Location plan or sketch of the location with picture of From the owner of the business	
Location plan or sketch of the location with picture of From the owner of the business	
establishment (front, right, left side view including the road, and	
interior view)-1 Copy-complete set	
Certificate of Occupancy, if applicable -Original and 1 From the owner of the business/City Building Official Office	
Photocopy	
OTHER REQUIREMENTS THAT MAY BE NEEDED:	
Market Clearance - for business located in public market- From the Economic Enterprise Management Office (EEMO) located at Imus Public	Market
Original and 1Photocopy	
Franchise Agreement and Consent From the Franchisor of the business	
for franchisee-Original and 1 Photocopy	
Clearance From City Veterinary Office	
for meat retailer, poultry and pet supplies retailer - Original	
Annual Report to DHSUD (received/stamped) From DHSUD	7
for Homeowners' Association - Original and 1 Photocopy	
Written Authorization Letter/ SPA/ Secretary's From the owner of the business	
Certificate/Partnership Certificate with I.D.s from owner and	l l
authorized representative-(if Representative)1 Photocopy	
Letter of No Objection – Original From Office of the City Mayor	
Approval from the City Mayor – Original From Office of the City Mayor	



Daniel Oliver (F. Leaves of C. L.	Territoria de la constitución de
Barangay Clearance/Endorsement for business (if not yet	From Barangay Hall where the business is located
integrated) -Original and 2 Photocopies	
Barangay Resolution -1 Photocopy	From Barangay Hall where the business is located
Homeowner's Association Resolution (HOA) endorsing the	From Homeowner's Association of the Subdivision where the business is located
project or business, if the location of the business is within a	
Residential Subdivision -Original and 1 Photocopy	
-Tax declaration and Updated Tax Receipt - Original and 1	From the Land Tax Office - Official Receipt of Real Property Tax-Amilyar
Photocopy	
Other documents that may be necessary (depending on the	
nature of business)	
Certificate of Attendance on Solid Waste Management	From City Environment and Natural Resources Office (CENRO)
Seminar (must attend seminar conducted by CENRO)	
Certificate of Non-Coverage (CNC) DENR-EMB	From DENR-EMB (www.emb.gov.ph)
(www.emb.gov.ph) - for WATER STATION, JUNKSHOPS,	
MEDICAL & DENTAL CLINIC, LABORATORIES, LAUNDRY,	
CARWASH - 1 Photocopy	
Environmental Compliance Certificate (ECC) DENR-EMB	From DENR-EMB (www.emb.gov.ph)
(www.emb.gov.ph) - for INDUSTRY, HOSPITAL, GASOLINE	
STATION, FUNERAL HOMES, MALL, SUPERMARKET,	
MANUFACTURER, FACTORY, POULTRY, PIGGERY, OTHER	
BUSINESS POSES POTENTIAL RISK/IMPACT TO	
ENVIRONMENT - 1 Photocopy	
Contract/MOA with Private Hauler - private hauler must have	From Private Hauler
MOA with Sanitary Landfill and Certificate of Disposal for	
MALL, FASTFOOD CHAIN, RESTAURANT, SUPERMARKET,	
LARGE SCALE INDUSTRY, FACTORY (MANUFACTURING),	
WAREHOUSE, ET.AL- 2 Photocopies	
Contract/MOA with Private Infectious/Hazardous Waste Hauler	From DENR accredited Hauler
(Certificate of Safe Disposal) for MEDICAL	
INFECTIOUS/TOXIC WASTE-2 Photocopies	
Discharge Permit (Water Pollution) -FOR RESTAURANTS,	From DENR-EMB (www.emb.gov.ph)
SHOPPING MALLS, COMMERCIAL LABORATORIES,	
HOSPITAL, MARKETS, COMMERCIAL CONDOMINIUMS,	
HOTELS, GASOLINE STATIONS, FUNERAL PARLOR, &	
OTHER ESTABLISHMENTS THAT USE WATER & DISCHARGE	
IT EVENTUALLY - 1 Photocopy	
17	



Hazardous Waste Generators ID & Contract/MOA with Private From Private Infectious/Hazardous V	Vaste Hauler	
Infectious/Hazardous Waste Hauler (Certificate of Safe		
Disposal)-FOR RESTAURANTS, SHOPPING MALLS,		
COMMERCIAL LABORATORIES, HOSPITAL, MARKETS,		
COMMERCIAL CONDOMINIUMS, HOTELS, GASOLINE		
STATIONS, FUNERAL PARLOR, & OTHER ESTABLISHMENTS		
THAT USE CHEMICAL DISCHARGE/HAZARDOUS		
SUBSTANCES - 1 Photocopy	,	
Permit to Operate (Air Pollution) - FOR From DENR-EMB (www.emb.gov.ph)	
MANUFACTURING/INDUSTRY with furnaces, boilers,		
generators, or any operation producing dust or particulate		
matter - 1 Photocopy		
Picture of Grease Trap FOR RESTAURANT, EATERY, From the owner of the business		
CARINDERIA - 1 Photocopy	1 (41)4/DD) (
Water Permit from National Water Resources Board From National Water Resources Board	ira (NVVRB) (nwrb.gov.pn)	
(nwrb.gov.ph) if source of water is from deep well -FOR		
WATER REFILLING STATION, CARWASH, LAUNDRY) - 1		
Photocopy		
Latest Result of Microbiological Examination FOR FOOD ESTABLISHMENT & WATER STATION - Original From Water Testing Laboratory		
Latest Result of Physico-Chemical Analysis Examination From Water Testing Laboratory	From Water Testing Laboratory	
for food establishment & water station – Original	From water resuling Laboratory	
Health Certificate of Staff From City Health Office		
for food establishment, water station, salon, and spa – Original		
Urinalysis (1 month validity) – Original From Department of Health (DOH)A	credited Laboratory	
Fecalysis (1 month validity) – Original From Department of Health (DOH)A		
Chest X-Ray (6 months validity) – Original From Department of Health (DOH)A		
Drug Test (1 year validity) – Original From Department of Health (DOH)A	,	
Pest/Vermin Control From any legitimate Pest Control est		
for food establishment, fast-food chain, supermarket – Original	in any region are contact contact and an are contact and are c	
CLIENT STEPS AGENCY ACTION FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the complete 1. Assess the requirements None	20 minutes	Mary Grace Basa;
requirements and issue the Business Tax		Regina Camaclang;
Order of Payment		Ruby Concepcion;
(Assessment Form)		Rolando Dela Cruz;
		Ma. Elinor Laureles;



2. Pay the required fee(s)	2. Receive the payment. Pass the Business Tax Order of Payment (Assessment Form), O.R., CTC, to BFP personnel for Fire Inspection Fee payment, then to Sanitary Inspector for Sanitary Permit	Zoning Fee - Based on Type of	10 minutes	Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez City Treasurer's Office assigned personnel
3. Claim the Business Tax Order of Payment (Assessment Form) with Official Receipts, CTC, Business Plate, Mayor's Permit Certificate, and Sanitary Permit	3. Issue the Business Tax Order of Payment (Assessment Form) with Official Receipts, CTC, Business Plate, Mayor's Permit Certificate, and Sanitary Permit	None	30 minutes	Norman Angeles; Luisito Dominguez; Felizardo San Jose, Jr.; Melani Unawa; Richard Villanueva; Zecel Secretario
	TOTAL	ne Client Satisfaction Rating Form Based on computation	1 hour	



Mayor's Permit Fee

(a.) On business whose business tax rates are determined based on their gross sales and/or receipts based on section 7 paragraphs a, b, c, d, e, g, h, i, j, k and I of City Ordinance No. 04-133 S. 2019:

Asset Size	Amount	Asset Size	Amount
P 10,000.00 and below	150.00	Over P 850,000.00 to P 1,000,000.00	1,250.00
Over P 10,000.00 to P 30,000.00	225.00	Over P 1,000,000.00 to P 3,000,000.00	5,000.00
Over P 30,000.00 to P 50,000.00	300.00	Over P 3,000,000.00 to P 5,000,000.00	7,500.00
Over P 50,000.00 to P 75,000.00	375.00	Over P 5,000,000.00 to P 7,500,000.00	10,000.00
Over P 75,000.00 to P 100,000.00	450.00	Over P 7,500,000.00 to P 10,000,000.00	15,000.00
Over P 100,000.00 to P 200,000.00	525.00	Over P 10,000,000.00 to P 15,000,000.00	25,000.00
Over P 200,000.00 to P 350,000.00	600.00	Over P 15,000,000.00 to P 25,000,000.00	40,000.00
Over P 350,000.00 to P 500,000.00	700.00	Over P 25,000,000.00 to P 30,000,000.00	50,000.00
Over P 500,000.00 to P 750,000.00	800.00	Over P 30,000,000.00	60,000.00
Over P 750,000.00 to P 850,000.00	1,000.00		

(b). On Banks

Rural Banks (Main or Branch)	P 5,000.00
Thrift Banks (Main or Branch)	5,000.00
Savings, Commercial, Industrial and Development Banks (Branch)	10,000.00
Universal Banks (Branch)	20,000.00

On Main Offices, one half (1/2) of the Permit Fee enumerated.

(c.) On Other Financial Institutions per establishment

Lending	P 3,000.00
Pawnshop	3,000.00
Money Shops	3,000.00
Insurance	5,000.00
Pension Plan	5,000.00



2. ISSUANCE OF NEW BUSINESS/MAYOR'S PERMIT (ONLINE)

All enterprises are required to secure a Business License and Mayor's Permit, and pay business taxes before the start of commercial operations.

OFFICE OR DIVISION	Business Permits and Licensing Office		
CLASSIFICATION	Simple		
TYPE OF TRANSACTION	G2B – Government to Business		
WHO MAY AVAIL THE SERVICE	All proprietors with new business in the City of Imus		
CHECKLIST OF RE	QUIREMENTS	WHERE TO SECURE	
Proof of Registration			
-DTI, if Sole Proprietorship		Business One-Stop Shop (BOSS), https://bnrs.dti.gov.ph/registration, Imus Satellite Office	
2 Copies - 1 Original, 1 Photocopy or		- The District Mall, City of Imus, Any DTI Office	
-SEC Registration, if Partnership or 0		https://crs.sec.gov.ph/; Secretariat Building, PICC Complex	
2 Copies COMPLETE SET - 1 Origin	al, 1 Photocopy or	Roxas Boulevard, Metro Manila Philippines	
-CDA, if Cooperative		https://www.cda.gov.ph/resources/downloads/pro-forma-registration-documents; 827	
2 Copies - 1 Original, 1 Photocopy		Aurora Blvd., Immaculate Conception, Quezon City. For registration of primary	
- Housing and Land Use Regulatory	Board (HLLIPR) Pogistration /	cooperatives, this power has been delegated to the Regional or Extension Offices	
		https://dhsud.gov.ph/services/homeowners-association/;	
Department of Human Settlement and Urban Development (DHSUD) Registration (for Homeowner's Association)		DHSUD Building, Kalayaan Avenue, corner Mayaman Street, Diliman, Quezon City, 1101	
Proof of right of applicant to use lo		From the owner of the business place	
-Certified True Copy of Original Certi		Them the emile of the business place	
True Copy of Transfer Certificate of			
-Notarized Deed of Sale (if owned)-			
complete set			
-Notarized Contract to Sell (if under	amortization) -Original and 1		
Photocopy-complete set			
-Notarized Contract of Lease and Lea			
renting)- Original and 1 Photocopy-o			
-Notarized Memorandum of Agreement/ Notarized written consent			
of property owner (if not owned, not Photocopy-complete set	renting) -Original and 1		
- Death Certificate, Extrajudicial Settl	ement/Last Will and		
Testament/Affidavit of Self-Adjudicati			
Written Consent for one of the heirs t			
business (if the title owner is deceased)- Original and 1			
Photocopy-complete set	, 3		



-Notarized Consent of other title owner (if the business owner is	
one of the title owner)-Original	
-Secretary's Certificate (if title is single owned-for Corporation)-	
Original,	
-Certificate of Award Notice from NHA (if without title but with	
Tax Declaration) Original and 1 Photocopy	
-Affidavit of Sworn Declaration of all real properties for rent with	
tenants listed therein- Original (if lessor)	
Location plan or sketch of the location with picture of	From the owner of the business
establishment (front, right, left side view including the road, and	
interior view)-1 Copy-complete set	
Certificate of Occupancy, if applicable -Original and 1	From the owner of the business/City Building Official Office
Photocopy	
OTHER REQUIREMENTS THAT MAY BE NEEDED:	
Market Clearance - for business located in public market-	From the Economic Enterprise Management Office (EEMO) located at Imus Public Market
Original and 1Photocopy	
Franchise Agreement and Consent	From the Franchisor of the business
for franchisee-Original and 1 Photocopy	
Clearance	From City Veterinary Office
for meat retailer, poultry and pet supplies retailer - Original	
Annual Report to DHSUD (received/stamped)	From DHSUD
for Homeowners' Association - Original and 1 Photocopy	
Written Authorization Letter/ SPA/ Secretary's	From the owner of the business
Certificate/Partnership Certificate with I.D.s from owner and	
authorized representative-(if Representative)1 Photocopy	
Letter of No Objection – Original	From Office of the City Mayor
Approval from the City Mayor – Original	From Office of the City Mayor
Barangay Clearance/Endorsement for business (if not yet	From Barangay Hall where the business is located
integrated) -Original and 2 Photocopies	
Barangay Resolution -1 Photocopy	From Barangay Hall where the business is located
Homeowner's Association Resolution (HOA) endorsing the	From Homeowner's Association of the Subdivision where the business is located
project or business , if the location of the business is within a	
Residential Subdivision -Original and 1 Photocopy	
-Tax declaration and Updated Tax Receipt - Original and 1	From the Land Tax Office - Official Receipt of Real Property Tax-Amilyar
Photocopy	



Other documents that may be necessary (depending on the	
nature of business)	
Certificate of Attendance on Solid Waste Management	From City Environment and Natural Resources Office (CENRO)
Seminar (must attend seminar conducted by CENRO)	
Certificate of Non-Coverage (CNC) DENR-EMB	From DENR-EMB (www.emb.gov.ph)
(www.emb.gov.ph) - for WATER STATION, JUNKSHOPS,	
MEDICAL & DENTAL CLINIC, LABORATORIES, LAUNDRY,	
CARWASH - 1 Photocopy	
Environmental Compliance Certificate (ECC) DENR-EMB	From DENR-EMB (www.emb.gov.ph)
(www.emb.gov.ph) - for INDUSTRY, HOSPITAL, GASOLINE	
STATION, FUNERAL HOMES, MALL, SUPERMARKET,	
MANUFACTURER, FACTORY, POULTRY, PIGGERY, OTHER	
BUSINESS POSES POTENTIAL RISK/IMPACT TO	
ENVIRONMENT - 1 Photocopy	
Contract/MOA with Private Hauler - private hauler must have	From Private Hauler
MOA with Sanitary Landfill and Certificate of Disposal for	
MALL, FASTFOOD CHAIN, RESTAURANT, SUPERMARKET,	
LARGE SCALE INDUSTRY, FACTORY (MANUFACTURING),	
WAREHOUSE, ET.AL- 2 Photocopies	
Contract/MOA with Private Infectious/Hazardous Waste Hauler	From DENR accredited Hauler
(Certificate of Safe Disposal) for MEDICAL	
INFECTIOUS/TOXIC WASTE-2 Photocopies	
Discharge Permit (Water Pollution) -FOR RESTAURANTS,	From DENR-EMB (www.emb.gov.ph)
SHOPPING MALLS, COMMERCIAL LABORATORIES,	
HOSPITAL, MARKETS, COMMERCIAL CONDOMINIUMS,	
HOTELS, GASOLINE STATIONS, FUNERAL PARLOR, &	
OTHER ESTABLISHMENTS THAT USE WATER & DISCHARGE	
IT EVENTUALLY - 1 Photocopy	
Hazardous Waste Generators ID & Contract/MOA with Private	From Private Infectious/Hazardous Waste Hauler
Infectious/Hazardous Waste Hauler (Certificate of Safe	
Disposal)-FOR RESTAURANTS, SHOPPING MALLS,	
COMMERCIAL LABORATORIES, HOSPITAL, MARKETS,	
COMMERCIAL CONDOMINIUMS, HOTELS, GASOLINE	
STATIONS, FUNERAL PARLOR, & OTHER ESTABLISHMENTS	
THAT USE CHEMICAL DISCHARGE/HAZARDOUS	
SUBSTANCES - 1 Photocopy	



Permit to Operate (Air Pollution) - FOR MANUFACTURING/INDUSTRY with furnaces, boilers, generators, or any operation producing dust or particulate matter - 1 Photocopy		From DENR-EMB (www.emb.gov.ph)			
Picture of Grease Trap FOR RESTA CARINDERIA - 1 Photocopy	AURANT, EATERY,	From the owner of the business			
Water Permit from National Water Resources Board (nwrb.gov.ph) if source of water is from deep well -FOR WATER REFILLING STATION, CARWASH, LAUNDRY) - 1 Photocopy		From National Water Resources Board (NWRB) (nwrb.gov.ph)			
Latest Result of Microbiological ExESTABLISHMENT & WATER STAT		From Water Testing Laboratory			
Latest Result of Physico-Chemical for food establishment & water star	Analysis Examination	From Water Testing Laboratory			
Health Certificate of Staff for food establishment, water station					
Urinalysis (1 month validity) - Origi		From Department of Health (DOH)Accredited Laboratory			
Fecalysis (1 month validity) - Origin	nal	From Department of Health (DOH)Accredited Laboratory			
Chest X-Ray (6 months validity) - Original		From Department of Health (DOH)Acci	edited Laboratory		
Drug Test (1 year validity) - Original		From Department of Health (DOH)Acci			
Pest/Vermin Control	Pest/Vermin Control		lishments		
for food establishment, fast-food c					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Register to https://egovcityofimus.ph/bpl/ 1.1 Sign in using your email address or mobile number 1.2 Fill-out the Online Application Form 1.3 Attach the complete requirements 1.4 A notification will be sent to your mobile no./email for the Business Tax Order of Payment (Assessment Form)	Assess the requirements and issue the Business Tax Order of Payment (Assessment Form)	None	20 minutes (time may vary on the speed of the internet connection) (stop time)	Mary Grace Basa; Regina Camaclang; Ruby Concepcion; Rolando Dela Cruz; Ma. Elinor Laureles; Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez	



2. Pay the required fee(s) thru:	Receive the payment	 Mayor's Permit Fee 	10 minutes	City Treasurer's Office
 Link.bizPortal 		 Zoning Fee - Based on Type of 	(time may vary on the	assigned personnel
(www.landbank.com and		Establishment	speed of the internet	
click on Link.bizPortal)		Building Inspection Fee - Based on	connection)	
 Starpay 		Type of Structure		
(www.starpay.com.ph or		 Garbage Fee -Based on Type of 	(stop time)	
download the app Starpay)		Establishment		
Gcash		Environmental Protection Fee-Based		
(www.gcash.com or		on Type of Establishment		
download the app Gcash)		Sanitary Inspection Fee - Based on		
		Type of Establishment		
		Fire Safety Inspection Fee - 15 % of		
		total assessment excluding business		
		tax		
		 Business Plate - Php 200.00 per 		
		Business Plate		
3. Visit the Business One-Stop		None	30 minutes	Norman Angeles;
Shop (BOSS) to pay the Fire	-			Luisito Dominguez;
Inspection Fee and claim the				Felizardo San Jose, Jr.;
Business Tax Order of Payment				Melani Unawa;
(Assessment Form) with Official				Richard Villanueva;
Receipts, CTC, Business Plate,				Zecel Secretario
Mayor's Permit Certificate, and	Sanitary Permit			
Sanitary Permit	F91	- Oliona Octivio etion Detion Form		
		e Client Satisfaction Rating Form	41	
	TOTAL	Based on computation	1 hour	

Mayor's Permit Fee

(a.) On business whose business tax rates are determined based on their gross sales and/or receipts based on section 7 paragraphs a, b, c, d, e, g, h, i, j, k and l of City Ordinance No. 04-133 S. 2019:

Asset Size	Amount	Asset Size	Amount
P 10,000.00 and below	150.00	Over P 850,000.00 to P 1,000,000.00	1,250.00
Over P 10,000.00 to P 30,000.00	225.00	Over P 1,000,000.00 to P 3,000,000.00	5,000.00
Over P 30,000.00 to P 50,000.00	300.00	Over P 3,000,000.00 to P 5,000,000.00	7,500.00
Over P 50,000.00 to P 75,000.00	375.00	Over P 5,000,000.00 to P 7,500,000.00	10,000.00



Over P 75,000.00 to P 100,000.00	450.00	Over P 7,500,000.00 to P 10,000,000.00	15,000.00
Over P 100,000.00 to P 200,000.00	525.00	Over P 10,000,000.00 to P 15,000,000.00	25,000.00
Over P 200,000.00 to P 350,000.00	600.00	Over P 15,000,000.00 to P 25,000,000.00	40,000.00
Over P 350,000.00 to P 500,000.00	700.00	Over P 25,000,000.00 to P 30,000,000.00	50,000.00
Over P 500,000.00 to P 750,000.00	800.00	Over P 30,000,000.00	60,000.00
Over P 750,000.00 to P 850,000.00	1,000.00		

(b). On Banks

Rural Banks (Main or Branch)	Р	5,000.00
Thrift Banks (Main or Branch)		5,000.00
Savings, Commercial, Industrial and Development Banks (Branch)		10,000.00
Universal Banks (Branch)		20,000.00

On Main Offices, one half (1/2) of the Permit Fee enumerated.

(c.) On Other Financial Institutions per establishment

Lending	P 3,000.00
Pawnshop	3,000.00
Money Shops	3,000.00
Insurance	5,000.00
Pension Plan	5,000.00



3. RENEWAL OF BUSINESS/MAYOR'S PERMIT (ON-SITE AND KIOSK)

Business Permit must be renewed from January 1 to 20, every year. Penalties are imposed after this period. Those for succeeding years are computed as a percentage of gross receipts/sales. Payments may be made annually, semi-annually or quarterly. Taxes are due on the first 20 days of each quarter.

OFFICE OR DIVISION	Business Permits and Licensing Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	All proprietors with existing busines	s in the City of Imus			
CHECKLIST OF F	REQUIREMENTS	WHERE TO SECURE			
FOR ONSITE: Please fill-out the Business Permit Application Form/Unified Form (provided by BPLO) and submit together with the following requirements to the Counter/Window:		Business One-Stop Shop (BOSS), https://cityofimus.gov.ph			
FOR KIOSK: Please fill-out the Form/Unified Form using the KI requirements to the Counter/Wind	OSK and submit the following ow:	Business One-Stop Shop (BOSS) KIOSK			
Certificate or Sworn Declaration /Financial Statements /Income Tax 1 Copy – Original or Photocopy	Returns	From the accountant of the business or from the owner of the business			
OTHER REQUIREMENTS THAT MA	AY BE NEEDED:				
Barangay Clearance/Endorsement for business (if not yet integrated)-Original and 1 Photocopy		From Barangay Hall where the business is located			
Barangay Resolution -1 Photocopy		From Barangay Hall where the business is located			
Market Clearance for business is located in public market-Original and 1 Photocopy		From the Economic Enterprise Management Office (EEMO) located at Imus Public Market			
Annual Report to DHSUD (received Association - Original	d/stamped) for Homeowners'	From DHSUD			
Written Authorization Letter /Secret Certificate with I.D.s from owner a Representative)1 Photocopy		From the owner of the business			
Approval from the City Mayor - Ori	ginal	From Office of the City Mayor			
Letter of No Obligation – Original		From Office of the City Mayor			
Affidavit of Sworn Declaration of a tenants listed therein FOR LESSO	• •				



Latest Result of Microbiological Examination FOR FOOD	From Water Testing Laboratory
ESTABLISHMENT & WATER STATION – Original	
Latest Result of Physico-Chemical Analysis Examination FOR	From Water Testing Laboratory
FOOD ESTABLISHMENT & WATER STATION – Original	
Health Certificate of Staff FOR FOOD ESTABLISHMENT, WATER	From City Health Office
STATION, SALON, AND SPA – Original	
Urinalysis (1 month validity) - Original	From Department of Health (DOH)Accredited Laboratory
Fecalysis (1 month validity) - Original	From Department of Health (DOH)Accredited Laboratory
Chest X-Ray (6 months validity) - Original	From Department of Health (DOH)Accredited Laboratory
Drug Test (1 year validity) - Original	From Department of Health (DOH)Accredited Laboratory
Pest/Vermin Control FOR FOOD ESTABLISHMENT, FASTFOOD	From any legitimate Pest Control establishments
CHAIN, SUPERMARKET – Original	
Other documents that may be necessary (depending on the nature	
of business)	
DTI, if Sole Proprietorship (2 Copies - 1 Original, 1 Photocopy)	https://bnrs.dti.gov.ph/registration, Imus Satellite Office – The District Mall, City of Imus,
IF EXPIRED	Any DTI Office
SEC Registration, if Partnership or Corporation (2 Copies	https://crs.sec.gov.ph/; Secretariat Building, PICC Complex, Roxas Boulevard, Metro
COMPLETE SET - 1 Original, 1 Photocopy) IF EXPIRED	Manila Philippines
CDA, if Cooperative (2 Copies - 1 Original, 1 Photocopy)	https://www.cda.gov.ph/resources/downloads/pro-forma-registration-documents; 827
IF EXPIRED	Aurora Blvd., Immaculate Conception, Quezon City.
Contificate of Designation / Assess distributed in the control NATIONAL A	OFNOV

Certificate of Registration/Accreditation/ License from NATIONAL AGENCY -Original and 1 Photocopy

	LINE OF BUSINESS	PERMIT/CLEARANCE NEEDED	NATIONAL GOVERNMENT AGENCY
1.	Animal Facilities	Certificate of Registration	Bureau of Animal Industry
2.	Cargo/Freight Forwarders, Logistics	Accreditation	Philippine Shippers Bureau/Fair Trade Enforcement Bureau (FTEB)
3.	Customs Brokerage Business	License	Customs Brokerage Commission/ Bureau of Customs License
4.	Dealer of Rice, Corn, and Wheat	License	National Food Authority
5.	Drugstores, Household/Urban Pesticides,	License to Operate; Certificate of	Food and Drug Administration (FDA),
	Medical Devices, Processed Foods, Veterinary	Product Registration;	
	Products, Cosmetic Products, Childcare	PRC License for Pharmacist	Professional Regulation Commission (PRC)
	Articles, Toys	(Drugstore)	
		License to Operate	Bureau of Health Device & Technology-DOH
6.	Electronic/Motor Repair Shop	Accreditation	Department of Trade & Industry (DTI)



7.	Funeral Homes/Parlor	Training Certificate and License of Undertaker and Embalmer	Department of Health
8.	General/Specialty and Engineering Contractor	Contractor's License	Philippine Contractors Accreditation Board
9.	Hardware, Sash Factory,	Lumber Dealer Permit	DENR-PENRO
10.	Hotel, Resort, Apartment Hotel, Tourist Inns, Pension Houses, Ned and Breakfast, Home Stay, Travel and Tour Agency, Travel Agency, Tour Operator, Online Travel Agency, Tourst Transport Operators, MICE (Meeting, Incentives, Conventions and Exhibitions) Organizer, MICE Facility Venue, Tour Guide, Adventure/Sports and Ecotourism Facilities	Accreditation/ Registration	Department of Tourism
11.	Lending Institutions, Pawnshops, Remittance Centers, Money Changers	Certificate of Authority to Operate	Bangko Sentral ng Pilipinas
12.	LPG Dealer/Retailer	Standard Compliance Cert. (SCC)	Department of Energy
13.	Manning and Crewing Services, Employment/Recruitment/Manpower	Registration/License	Phil. Overseas and Employment Agency (Overseas) Department of Labor and Employment (Local)
14.	Massage Parlor	Registration	TESDA, DOH Certificate
15.	Messengerial and Courier Services	Registration	Department of Transportation and Communication (DOTC)
16.	Pet Shop	Registration	Bureau of Animal Industry (BAI)
17.	Pest Control	License	Fertilizer and Pesticide Authority
18.	Pre-School, Elementary, High School	Permit to Operate	Department of Education Division Office and Regional Office
19.	Real Estate Broker	License	Department of Trade and Industry or Professional Regulatory Board
20.	Rent-a-Car/Transportation Services/Trucking	Franchise/Certificate of Public Conveyance	Land Transportation Franchising and Regulatory Board



21.	Security Agency		National Operate	License, License to	PCSI	UCIA, PNP (Campo Cran	ne)	
22.	Spa/Massage Clinic			te of Training of Therapist eur/Masseuse	Depa	artment of Health and TES	SDA	
23.	24. Water Station Per		(N		National Telecommunications Commission (NTC)			
24.					Depa	Department of Health (DOH)		
25.			Registra	tion/Permit	Optical Media Board			
CLIENT STEPS AGENCY ACTIO		AGENCY ACTION	١	FEES TO BE PAID		PROCESSING TIME	PERSON RES	SPONSIBLE
quirements is		Assess the requirement issue the Business Tax Payment (Assessment Fo	Order of	None		10 minutes	Mary Grad Regina Ca Ruby Con Rolando D Ma. Elinor Roehl Mar Dianne Loi	maclang; cepcion; ela Cruz; Laureles; ńago, Jr.; s Marcial;

requirements	Payment (Assessment Form)			Regina Camaclang; Ruby Concepcion; Rolando Dela Cruz; Ma. Elinor Laureles; Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez
2. Pay the required fee(s)	2. Receive the payment. Pass the Business Tax Order of Payment (Assessment Form), O.R., CTC, to BFP personnel for Fire Inspection Fee payment, then to Sanitary Inspector for Sanitary Permit	Annual Gross Sales/Receipts	10 minutes	City Treasurer's Office assigned personnel



3. Claim the Business Tax Order of Payment (Assessment Form) with Official Receipts, CTC, Business	Payment (Assessment Form) with Official Receipts, CTC, Business	Fire Safety Inspection Fee - 15 % of total assessment excluding business tax. Business Plate - Php 200.00 per Business Plate Business Sticker - Php 20.00 per Sticker (Refer to City Ordinance No. 04-133 S. 2019 None	30 minutes	Norman Angeles; Luisito Dominguez; Felizardo San Jose, Jr.;
Plate, Mayor's Permit Certificate, and Sanitary Permit	Plate/Sticker, Mayor's Permit Certificate, and Sanitary Permit			Melani Unawa; Richard Villanueva; Zecel Secretario
		lient Satisfaction Rating Form		
	TOTAL	Based on computation	50 minutes	

Mayor's Permit Fee

(a.) On business whose business tax rates are determined based on their gross sales and/or receipts based on section 7 paragraphs a, b, c, d, e, g, h, i, j, k and I of City Ordinance No. 04-133 S. 2019:

Asset Size	Amount	Asset Size	Amount
P 10,000.00 and below	150.00	Over P 850,000.00 to P 1,000,000.00	1,250.00
Over P 10,000.00 to P 30,000.00	225.00	Over P 1,000,000.00 to P 3,000,000.00	5,000.00
Over P 30,000.00 to P 50,000.00	300.00	Over P 3,000,000.00 to P 5,000,000.00	7,500.00
Over P 50,000.00 to P 75,000.00	375.00	Over P 5,000,000.00 to P 7,500,000.00	10,000.00
Over P 75,000.00 to P 100,000.00	450.00	Over P 7,500,000.00 to P 10,000,000.00	15,000.00
Over P 100,000.00 to P 200,000.00	525.00	Over P 10,000,000.00 to P 15,000,000.00	25,000.00
Over P 200,000.00 to P 350,000.00	600.00	Over P 15,000,000.00 to P 25,000,000.00	40,000.00
Over P 350,000.00 to P 500,000.00	700.00	Over P 25,000,000.00 to P 30,000,000.00	50,000.00
Over P 500,000.00 to P 750,000.00	800.00	Over P 30,000,000.00	60,000.00
Over P 750,000.00 to P 850,000.00	1,000.00		



(b.) On Banks

Rural Banks (Main or Branch)	P 5,000.00
Thrift Banks (Main or Branch)	5,000.00
Savings, Commercial, Industrial and Development Banks (Branch)	10,000.00
Universal Banks (Branch)	20,000.00

(c.) On Other Financial Institutions per establishment

Lending	P 3,000.00
Pawnshop	3,000.00
Money Shops	3,000.00
Insurance	5,000.00
Pension Plan	5,000.00

Business Tax

A. On manufacturers, assemblers, re-packers, processors, brewers, distillers, rectifiers, and compounders of liquors, distilled spirits, and wines or manufacturers of any article of commerce of whatever kind or nature. In accordance with the following schedule:

Amount of Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,742.00
75,000.00 or more but less than 100,000.00	2,178.00
100,000.00 or more but less than 150,000.00	2,904.00
150,000.00 or more but less than 200,000.00	3,630.00
200,000.00 or more but less than 300,000.00	5,082.00
300,000.00 or more but less than 500,000.00	6,655.00
500,000.00 or more but less than 750,000.00	10,560.00
750,000.00 or more but less than 1,000,000.00	13,200.00
1,000,000.00 or more but less than 2,000,000.00	18,150.00
2,000,000.00 or more but less than 3,000,000.00	22,143.00
3,000,000.00 or more but less than 4,000,000.00	26,136.00
4,000,000.00 or more but less than 5,000,000.00	30,492.00
5,000,000.00 or more but less than 6,500,000.00	32,175.00



6,500,000.00 or more 32,175.00 plus 49.5% of 1% over P6.5million
--

The preceding rates shall apply only to the amount of domestic sales of manufacturers, assemblers, re-packers, processors, brewers, distillers, rectifiers and compounders of liquors, distilled spirits, and wines or manufacturers of any article of commerce of whatever kind or nature other than those enumerated under paragraph (c) of this Section.

B. On wholesalers, distributors, or dealers in any article of commerce of whatever kind or nature in accordance with the following schedules:

Amount of Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,306.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,468.00
150,000.00 or more but less than 200,000.00	3,194.00
200,000.00 or more but less than 300,000.00	4,345.00
300,000.00 or more but less than 500,000.00	5,416.00
500,000.00 or more but less than 750,000.00	8,712.00
750,000.00 or more but less than 1,000,000.00	11,616.00
1,000,000.00 or more but less than 2,000,000.00	13,200.00
2,000,000.00 or more	P13,200.00 plus 66% of 1% over P2.0 million

The businesses enumerated in paragraph (a) above shall no longer be subject to the tax on wholesalers, distributors, or dealers herein provided for.

However, barangays shall have the exclusive power to levy taxes on stores whose gross sales or receipts of the preceding calendar year does not exceed Fifty Thousand Pesos (P50,000.00) subject to existing laws and regulations

- C. On **exporters**, **and on manufacturers**, **millers**, **producers**, **wholesalers**, **distributors**, **dealers or retailers of essential commodities** enumerated hereunder at a rate not exceeding one-half (1/2) of the rates prescribed under subsections (a), (b), and (d) of this Article;
- 1. Rice and Corn:
- 2. Wheat or cassava flour, meat, dairy products, locally manufactured, processed or preserved food, sugar, salt and agricultural marine, and fresh water products, whether in their Original state or not;
- 3. Cooking oil and cooking gas;
- 4. Laundry soap, detergents, and medicine;
- 5. Agricultural implements, equipment and post-harvest facilities, fertilizers, pesticides, insecticides, herbicides and other farm inputs;
- 6. Poultry feeds and other animal feeds;
- 7. School supplies; and
- 8. Cement



D. On exporters of all articles of commerce of whatever kind or nature not mentioned under subsection (c), in accordance with the following schedule:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
Less than 100,000.00	871.00
100,000.00 or more but less than 150,000.00	1,221.00
150,000.00 or more but less than 200,000.00	1,580.00
200,000.00 or more but less than 300,000.00	2,178.00
300,000.00 or more but less than 500,000.00	2,904.00
500,000.00 or more but less than 750,000.00	4,345.00
750,000.00 or more but less than1,000,000.00	5,749.70
1,000,000.00 or more but less than 2,000,000.00	6,534.00
2,000,000.00 or more	P6,534.00 plus 32.45% of 1% over P2.0 million

For purposes of this provision, the term *exporters* shall refer to those who are principally engaged in the business of exporting goods and merchandise, as well as manufacturers and producers whose goods or products are both sold domestically and abroad. The amount of export sales shall be excluded from the total sales and shall be subject to the rates not exceeding one half (1/2) of the rates prescribed under paragraphs (a), (b), and (d) of this Article.

E. On contractors and other independent contractors in accordance with the following schedule:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,161.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,613.00
150,000.00 or more but less than 200,000.00	3,484.00
200,000.00 or more but less than 250,000.00	4,791.00
250,000.00 or more but less than 300,000.00	6,098.00
300,000.00 or more but less than 400,000.00	8,131.00
400,000.00 or more but less than 500,000.00	10,890.00
500,000.00 or more but less than 750,000.00	12,210.00
750,000.00 or more but less than 1,000,000.00	13,530.00
1,000,000.00 or more but less than 2,000,000.00	15,180.00
2,000,000.00 or more	15,180.00 plus 66% of 1% over P2.0 million

Provided that in no case shall the tax on gross receipts of P2, 000,000.00 or more be less than P15, 180.00.



- F. On **banks and other financial institutions**, at the rate of seven five percent of one percent (75% of 1%) of the gross receipts of the preceding calendar year derived from interest, commissions and discounts from lending activities, income from financial leasing, dividends, rentals on property, and profit from exchange or sale of property, insurance premium. All other income and receipts not herein enumerated shall be excluded in the computation of the tax
- G. On operators of theaters and cinema houses, video-movie houses utilizing laser disc players, projectors and of similar apparatus, and other entertainment sites in the internet and other show houses which are open to public for a fee:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,560.00
75,000.00 or more but less than 100,000.00	2,335.00
100,000.00 or more but less than 150,000.00	3,269.00
150,000.00 or more but less than 200,000.00	4,295.00
200,000.00 or more but less than 250,000.00	5,493.00
250,000.00 or more but less than 300,000.00	7,296.00
300,000.00 or more but less than 400,000.00	9,837.00
400,000.00 or more but less than 500,000.00	10,175.00
500,000.00 or more but less than 750,000.00	11,275.00
750,000.00 or more but less than 1,000,000.00	12,650.00
1,000,000.00 or more but less than 2,000,000.00	13,915.00
2,000,000.00 or more	P 13,915.00 plus 66% of 1% over P2.0 million

H. On **lessors of real estate** including apartments and boarding houses:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum	
50,000.00 or more but less than 60,000.00	1,210.00	
60,000.00 or more but less than 70,000.00	1,548.00	
70,000.00 or more but less than 80,000.00	1,839.00	
80,000.00 or more but less than 90,000.00	2,153.00	
90,000.00 or more but less than 100,000.00	2,468.00	
100,000.00 or more but less than 150,000.00	3,061.00	
150,000.00 or more but less than 200,000.00	4,138.00	
200,000.00 or more but less than 300,000.00	5,517.00	
300,000.00 or more but less than 500,000.00	8,167.00	
500,000.00 or more but less than 750,000.00	13,722.00	•



750,000.00 or more but less than 1,000,000.00	19,882.00
1,000,000.00 or more but less than 2,000,000.00	21,780.00
2,000,000.00 or more	P21,780.00 plus 66% of 1% over P2.0 million

- I. On the businesses hereunder enumerated:
- 1. Commission agents;
- 2. Lessors, dealers, brokers of real estate;
- 3. On travel agencies and travel agents;
- 4. On boarding houses, pension houses, motels, apartments, apartelles, and condominiums;5. Subdivision owners/developers, Private Cemeteries and Memorial Parks owners/developers;
- 6. Privately-owned markets;
- 7. Hospitals, medical clinics, dental clinics, therapeutic clinics, medical laboratories, dental laboratories;
- 8. Operators of Cable Network System;
- 9. General consultancy services;
- 10. Warehouses
- 11. On line businesses that offers services
- 12. All other similar activities consisting essentially of the sales of services for a fee.

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,161.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,613.00
150,000.00 or more but less than 200,000.00	3,484.00
200,000.00 or more but less than 250,000.00	4,791.00
250,000.00 or more but less than 300,000.00	6,098.00
300,000.00 or more but less than 400,000.00	8,131.00
400,000.00 or more but less than 500,000.00	10,890.00
500,000.00 or more but less than 750,000.00	12,210.00
750,000.00 or more but less than 1,000,000.00	13,530.00
1,000,000.00 or more but less than 2,000,000.00	15,180.00
2,000,000.00 or more	P15,180.00 plus 66% of 1% over P2.0 million
ded that is no acceptable the tay on gross calca of Di	0.000,000,00 an manual halland them D4E, 400,00

Provided, that in no case shall the tax on gross sales of P2, 000,000.00 or more be less than P15, 180.00.

J. On retailers with gross receipts or sales for the preceding year in the amount of:



Amount of Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,306.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,468.00
150,000.00 or more but less than 200,000.00	3,194.00
200,000.00 or more but less than 300,000.00	4,345.00
300,000.00 or more but less than 500,000.00	5,416.00
500,000.00 or more but less than 750,000.00	8,712.00
750,000.00 or more but less than 1,000.000.00	11,616.00
1,000,000.00 or more but less than 100,000,000.00	11,616.00 plus 66% of 1% over P1.0 million but less than P100 million
100,000,000.00 or more but less than 500,000,000.00	665,016.00 plus 1.10% over P100 million but less than P500 million
500,000,000.00 or more	P5,065,016.00 plus 82.5% of 1% over P500 million

K. On retailers classified as sari-sari store with gross sales or receipts for the preceding year in the amount of:

Amount of Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,188.00
75,000.00 or more but less than 100,000.00	1,584.00
100,000.00 or more but less than 150,000.00	2,244.00
150,000.00 or more but less than 200,000.00	2,904.00
200,000.00 or more but less than 300,000.00	3,950.00
300,000.00 or more but less than 500,000.00	4,924.00
500,000.00 or more but less than 750,000.00	7,920.00
750,000.00 or more but less than 1,000.000.00	10,560.00
1,000,000.00 or more but less than 2,000,000.00	P10,560.00 plus 60% of 1% over P1.0 million

L. On **Authorized Franchise Car Dealers** engaged in business of selling brand new vehicles and genuine parts pursuant to a valid and existing Franchise Agreement with legitimate manufacturers and distributors shall be taxed at the rate of 50% of 1% of gross receipts up to P 2,000,000.00 and 45% of 1% of gross receipts in excess of P 2,000,000.00.

M. On **restaurants and other eating establishments** such as, but not limited to cafes, cafeterias, ice cream or refreshment parlors, carinderias, soda fountains, food caterers, fast food centers and snack counters shall be taxed at the rate of 1.75% of the gross receipts of the preceding calendar year.

N. On operators engaged in amusement devices and computer shop shall be taxed at the rate of Two Hundred Pesos (P200.00) per amusement device.



O. On peddlers engaged in the sale of any merchandise or article of commerce, at the rate of Sixty Six Pesos (P66.00) per peddler annually. Delivery trucks, vans or vehicles used by manufacturers, producers, wholesalers, dealers or retailers enumerated under Section 141 of R.A. 7160 shall be exempt: from the peddlers' tax herein imposed.

The tax herein imposed shall be payable within the first twenty (20) days of January. An individual who will start to peddle merchandise or articles of commerce after January 20 shall pay the full amount of the tax before engaging in such activity.

P. On operators of public utility vehicles maintaining booking office, terminal, or waiting station for the purpose of carrying passengers from this city under a certificate of public convenience and necessity or similar franchises:

Air-conditioned buses	P 6,000.00 per unit
Buses without air conditioning	5,000.00 per unit
"Mini" buses	4,000.00 per unit
Utility Vehicles/Vans/Fieras/Tamaraws	1,500.00 per unit
Taxis/Grab and the like	1,000.00 per unit
Jeepneys	800.00 per unit
Multi-Cabs	800.00 per unit
Tricycles (5 or more units)	100.0 er unit



4. RENEWAL OF BUSINESS/MAYOR'S PERMIT (ONLINE - ASSESSMENT)

Business Permit must be renewed from January 1 to 20, every year. Penalties are imposed after this period. Those for succeeding years are computed as a percentage of gross receipts/sales. Payments may be made annually, semi-annually or quarterly. Taxes are due on the first 20 days of each quarter.

	or grade to describe the described and the second described and the sec	
OFFICE OR DIVISION	Business Permits and Licensing Office	
CLASSIFICATION	Simple	
TYPE OF TRANSACTION	G2B – Government to Business	
	All proprietors with existing busines	
CHECKLIST OF F		WHERE TO SECURE
	•	From the accountant of the business or from the owner of the business
/Financial Statements /Income Tax	c Returns	
1 Copy – Original or Photocopy		
OTHER REQUIREMENTS THAT MA	AY BE NEEDED:	
Barangay Clearance/Endorsement	for business (if not yet	From Barangay Hall where the business is located
integrated)-Original and 1 Photocop	ру	
Barangay Resolution -1 Photocopy	,	From Barangay Hall where the business is located
Market Clearance		From the Economic Enterprise Management Office (EEMO) located at Imus Public
for business is located in public mark	cet-Original and 1 Photocopy	Market
Annual Report to DHSUD (received/stamped) for Homeowners'		From DHSUD
Association - Original		
Written Authorization Letter /Secretary's Certificate/Partnership		From the owner of the business
Certificate with I.D.s from owner and authorized representative-(if		
Representative)1 Photocopy		
Approval from the City Mayor - Or	iginal	From Office of the City Mayor
Letter of No Obligation – Original		From Office of the City Mayor
Affidavit of Sworn Declaration of a		
tenants listed therein FOR LESSO		
Latest Result of Microbiological E		From Water Testing Laboratory
ESTABLISHMENT & WATER STAT	<u> </u>	
Latest Result of Physico-Chemical Analysis Examination FOR		From Water Testing Laboratory
FOOD ESTABLISHMENT & WATER		
Health Certificate of Staff FOR FOOD ESTABLISHMENT, WATER		From City Health Office
STATION, SALON, AND SPA – Original STATION, SALON, AND SPA		
Urinalysis (1 month validity) - Orig		From Department of Health (DOH)Accredited Laboratory
Fecalysis (1 month validity) - Origi	nal	From Department of Health (DOH)Accredited Laboratory



Chest X-Ray (6 months validity) - Original	From Department of Health (DOH)Accredited Laboratory
Drug Test (1 year validity) - Original	From Department of Health (DOH)Accredited Laboratory
Pest/Vermin Control FOR FOOD ESTABLISHMENT, FASTFOOD	From any legitimate Pest Control establishments
CHAIN, SUPERMARKET – Original	
Other documents that may be necessary (depending on the nature	
of business)	
DTI, if Sole Proprietorship (2 Copies - 1 Original, 1 Photocopy)	https://bnrs.dti.gov.ph/registration, Imus Satellite Office – The District Mall, City of Imus,
IF EXPIRED	Any DTI Office
SEC Registration, if Partnership or Corporation (2 Copies	https://crs.sec.gov.ph/; Secretariat Building, PICC Complex, Roxas Boulevard, Metro
COMPLETE SET - 1 Original, 1 Photocopy) IF EXPIRED	Manila Philippines
CDA, if Cooperative (2 Copies - 1 Original, 1 Photocopy)	https://www.cda.gov.ph/resources/downloads/pro-forma-registration-documents; 827
IF EXPIRED	Aurora Blvd., Immaculate Conception, Quezon City.
Contificate of Designation / Approximation / License from NATIONAL A	OFNOV

-Original and 1 Photocopy

	LINE OF BUSINESS	PERMIT/CLEARANCE NEEDED	NATIONAL GOVERNMENT AGENCY
1.	Animal Facilities	Certificate of Registration	Bureau of Animal Industry
2.	Cargo/Freight Forwarders, Logistics	Accreditation	Philippine Shippers Bureau/Fair Trade Enforcement Bureau (FTEB)
3.	Customs Brokerage Business	License	Customs Brokerage Commission/ Bureau of Customs License
4.	Dealer of Rice, Corn, and Wheat	License	National Food Authority
5.	Drugstores, Household/Urban Pesticides, Medical Devices, Processed Foods, Veterinary	License to Operate; Certificate of Product Registration;	Food and Drug Administration (FDA),
	Products, Cosmetic Products, Childcare	PRC License for Pharmacist	Professional Regulation Commission (PRC)
	Articles, Toys	(Drugstore)	D (11 N D : 0 T 1 DOI
		License to Operate	Bureau of Health Device & Technology-DOH
6.	Electronic/Motor Repair Shop	Accreditation	Department of Trade & Industry (DTI)
7.	Funeral Homes/Parlor	Training Certificate and License of Undertaker and Embalmer	Department of Health
8.	General/Specialty and Engineering Contractor	Contractor's License	Philippine Contractors Accreditation Board
9.	Hardware, Sash Factory,	Lumber Dealer Permit	DENR-PENRO
10.	Hotel, Resort, Apartment Hotel, Tourist Inns, Pension Houses, Ned and Breakfast, Home Stay, Travel and Tour Agency, Travel Agency, Tour Operator, Online Travel Agency, Tourist	Accreditation/ Registration	Department of Tourism



	Transport Operators, MICE (Meeting, Incentives, Conventions and Exhibitions) Organizer, MICE Facility Venue, Tour Guide, Adventure/Sports and Ecotourism Facilities		
11.	Lending Institutions, Pawnshops, Remittance Centers, Money Changers	Certificate of Authority to Operate	Bangko Sentral ng Pilipinas
12.	LPG Dealer/Retailer	Standard Compliance Cert. (SCC)	Department of Energy
13.	Manning and Crewing Services, Employment/Recruitment/Manpower	Registration/License	Phil. Overseas and Employment Agency (Overseas) Department of Labor and Employment (Local)
14.	Massage Parlor	Registration	TESDA, DOH Certificate
15.	Messengerial and Courier Services	Registration	Department of Transportation and Communication (DOTC)
16.	Pet Shop	Registration	Bureau of Animal Industry (BAI)
17.	Pest Control	License	Fertilizer and Pesticide Authority
18.	Pre-School, Elementary, High School	Permit to Operate	Department of Education Division Office and Regional Office
19.	Real Estate Broker	License	Department of Trade and Industry or Professional Regulatory Board
20.	Rent-a-Car/Transportation Services/Trucking	Franchise/Certificate of Public Conveyance	Land Transportation Franchising and Regulatory Board
21.	Security Agency	National License, License to Operate	PCSUCIA, PNP (Campo Crame)
22.	Spa/Massage Clinic	Certificate of Training of Therapist or Masseur/Masseuse	Department of Health and TESDA
23.	Telecommunications Firm	License to Operate	National Telecommunications Commission (NTC)
24.	Water Station	Permit	Department of Health (DOH)



25. Video Rental Service	s Registra	ation/Permit Op	tical Media Board	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register to https://egovcityofimus.ph/bpl/ 1.1 Sign in using your email address or mobile number 1.2 Link the business to your account 1.3 Fill-out the Online Application Form 1.4 Attach the complete requirements 1.5 A notification will be sent to your mobile no./email for the Business Tax Order of Payment (Assessment Form)		None	10 minutes (time may vary on the speed of the internet connection) (stop time)	Mary Grace Basa; Regina Camaclang; Ruby Concepcion; Rolando Dela Cruz; Ma. Elinor Laureles; Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez
2. Pay the required fee(s) thru: • Link.bizPortal (www.landbank.com and click on Link.bizPortal) • Starpay (www.starpay.com.ph or download the app Starpay) • Gcash (www.gcash.com or download the app Gcash)	2. Receive the payment	Mayor's Permit Fee Zoning Fee - Based on Type of Establishment Building Inspection Fee - Based on Type of Structure Garbage Fee -Based on Type of Establishment Environmental Protection Fee-Based on Type of Establishment Sanitary Inspection Fee - Based on Type of Establishment Fire Safety Inspection Fee - 15 % of total assessment excluding business tax Business Plate - Php 200.00 per Business Plate	f (stop time) t	City Treasurer's Office assigned personnel
3. Visit the Business One-Stop Shop (BOSS) to pay the Fire Inspection Fee and claim the	Payment (Assessment Form) with	None	30 minutes	Norman Angeles; Luisito Dominguez; Felizardo San Jose, Jr.;

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Business Tax Order of Payment	Plate, Mayor's Permit Certificate,			Melani Unawa;
(Assessment Form) with Official	and Sanitary Permit			Richard Villanueva;
Receipts, CTC, Business Plate,	-			Zecel Secretario
Mayor's Permit Certificate, and				
Sanitary Permit				
	Fill-out the C	lient Satisfaction Rating Form		
	TOTAL	Based on computation	50 minutes	

Mayor's Permit Fee

A. On business whose business tax rates are determined based on their gross sales and/or receipts based on section 7 paragraphs a, b, c, d, e, g, h, i, j, k and I of City Ordinance No. 04-133 S. 2019:

Asset Size	Amount
P 10,000.00 and below	150.00
Over P 10,000.00 to P 30,000.00	225.00
Over P 30,000.00 to P 50,000.00	300.00
Over P 50,000.00 to P 75,000.00	375.00
Over P 75,000.00 to P 100,000.00	450.00
Over P 100,000.00 to P 200,000.00	525.00
Over P 200,000.00 to P 350,000.00	600.00
Over P 350,000.00 to P 500,000.00	700.00
Over P 500,000.00 to P 750,000.00	800.00
Over P 750,000.00 to P 850,000.00	1,000.00
Over P 850,000.00 to P 1,000,000.00	1,250.00
Over P 1,000,000.00 to P 3,000,000.00	5,000.00
Over P 3,000,000.00 to P 5,000,000.00	7,500.00
Over P 5,000,000.00 to P 7,500,000.00	10,000.00
Over P 7,500,000.00 to P 10,000,000.00	15,000.00
Over P 10,000,000.00 to P 15,000,000.00	25,000.00
Over P 15,000,000.00 to P 25,000,000.00	40,000.00
Over P 25,000,000.00 to P 30,000,000.00	50,000.00
Over P 30,000,000.00	60,000.00



B. On Banks

Rural Banks (Main or Branch)	Р	5,000.00
Thrift Banks (Main or Branch)		5,000.00
Savings, Commercial, Industrial and Development Banks (Branch)		10,000.00
Universal Banks (Branch)		20,000.00

C. On Other Financial Institutions per establishment

Lending	P 3,000.00
Pawnshop	3,000.00
Money Shops	3,000.00
Insurance	5,000.00
Pension Plan	5,000.00

Business Tax

A. On manufacturers, assemblers, re-packers, processors, brewers, distillers, rectifiers, and compounders of liquors, distilled spirits, and wines or manufacturers of any article of commerce of whatever kind or nature. In accordance with the following schedule:

Amount of Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,742.00
75,000.00 or more but less than 100,000.00	2,178.00
100,000.00 or more but less than 150,000.00	2,904.00
150,000.00 or more but less than 200,000.00	3,630.00
200,000.00 or more but less than 300,000.00	5,082.00
300,000.00 or more but less than 500,000.00	6,655.00
500,000.00 or more but less than 750,000.00	10,560.00
750,000.00 or more but less than 1,000,000.00	13,200.00
1,000,000.00 or more but less than 2,000,000.00	18,150.00
2,000,000.00 or more but less than 3,000,000.00	22,143.00
3,000,000.00 or more but less than 4,000,000.00	26,136.00
4,000,000.00 or more but less than 5,000,000.00	30,492.00

5,000,000.00 or more but less than 6,500,000.00	32,175.00
6,500,000.00 or more	32,175.00 plus 49.5% of 1% over P6.5million

The preceding rates shall apply only to the amount of domestic sales of manufacturers, assemblers, re-packers, processors, brewers, distillers, rectifiers and compounders of liquors, distilled spirits, and wines or manufacturers of any article of commerce of whatever kind or nature other than those enumerated under paragraph (c) of this Section.

B. On wholesalers, distributors, or dealers in any article of commerce of whatever kind or nature in accordance with the following schedules:

Amount of Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,306.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,468.00
150,000.00 or more but less than 200,000.00	3,194.00
200,000.00 or more but less than 300,000.00	4,345.00
300,000.00 or more but less than 500,000.00	5,416.00
500,000.00 or more but less than 750,000.00	8,712.00
750,000.00 or more but less than 1,000,000.00	11,616.00
1,000,000.00 or more but less than 2,000,000.00	13,200.00
2,000,000.00 or more	P13,200.00 plus 66% of 1% over P2.0 million

The businesses enumerated in paragraph (a) above shall no longer be subject to the tax on wholesalers, distributors, or dealers herein provided for.

However, barangays shall have the exclusive power to levy taxes on stores whose gross sales or receipts of the preceding calendar year does not exceed Fifty Thousand Pesos (P50,000.00) subject to existing laws and regulations

- C. On exporters, and on manufacturers, millers, producers, wholesalers, distributors, dealers or retailers of essential commodities enumerated hereunder at a rate not exceeding one-half (1/2) of the rates prescribed under subsections (a), (b), and (d) of this Article;
 - 1. Rice and Corn;
 - 2. Wheat or cassava flour, meat, dairy products, locally manufactured, processed or preserved food, sugar, salt and agricultural marine, and fresh water products, whether in their Original state or not;
 - 3. Cooking oil and cooking gas;
 - 4. Laundry soap, detergents, and medicine;
 - 5. Agricultural implements, equipment and post-harvest facilities, fertilizers, pesticides, insecticides, herbicides and other farm inputs;
 - 6. Poultry feeds and other animal feeds;
 - 7. School supplies; and
 - 8. Cement



D. On **exporters of all articles of commerce** of whatever kind or nature not mentioned under subsection (c), in accordance with the following schedule:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
Less than 100,000.00	871.00
100,000.00 or more but less than 150,000.00	1,221.00
150,000.00 or more but less than 200,000.00	1,580.00
200,000.00 or more but less than 300,000.00	2,178.00
300,000.00 or more but less than 500,000.00	2,904.00
500,000.00 or more but less than 750,000.00	4,345.00
750,000.00 or more but less than1,000,000.00	5,749.70
1,000,000.00 or more but less than 2,000,000.00	6,534.00
2,000,000.00 or more	P6,534.00 plus 32.45% of 1% over P2.0 million

For purposes of this provision, the term *exporters* shall refer to those who are principally engaged in the business of exporting goods and merchandise, as well as manufacturers and producers whose goods or products are both sold domestically and abroad. The amount of export sales shall be excluded from the total sales and shall be subject to the rates not exceeding one half (1/2) of the rates prescribed under paragraphs (a), (b), and (d) of this Article.

E. On contractors and other independent contractors in accordance with the following schedule:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,161.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,613.00
150,000.00 or more but less than 200,000.00	3,484.00
200,000.00 or more but less than 250,000.00	4,791.00
250,000.00 or more but less than 300,000.00	6,098.00
300,000.00 or more but less than 400,000.00	8,131.00
400,000.00 or more but less than 500,000.00	10,890.00
500,000.00 or more but less than 750,000.00	12,210.00
750,000.00 or more but less than 1,000,000.00	13,530.00



1,000,000.00 or more but less than 2,000,000.00	15,180.00
2,000,000.00 or more	15,180.00 plus 66% of 1% over P2.0 million

Provided that in no case shall the tax on gross receipts of P2, 000,000.00 or more be less than P15, 180.00.

F. On **banks and other financial institutions**, at the rate of seven five percent of one percent (75% of 1%) of the gross receipts of the preceding calendar year derived from interest, commissions and discounts from lending activities, income from financial leasing, dividends, rentals on property, and profit from exchange or sale of property, insurance premium. All other income and receipts not herein enumerated shall be excluded in the computation of the tax

G. On operators of theaters and cinema houses, video-movie houses utilizing laser disc players, projectors and of similar apparatus, and other entertainment sites in the internet and other show houses which are open to public for a fee:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,560.00
75,000.00 or more but less than 100,000.00	2,335.00
100,000.00 or more but less than 150,000.00	3,269.00
150,000.00 or more but less than 200,000.00	4,295.00
200,000.00 or more but less than 250,000.00	5,493.00
250,000.00 or more but less than 300,000.00	7,296.00
300,000.00 or more but less than 400,000.00	9,837.00
400,000.00 or more but less than 500,000.00	10,175.00
500,000.00 or more but less than 750,000.00	11,275.00
750,000.00 or more but less than 1,000,000.00	12,650.00
1,000,000.00 or more but less than 2,000,000.00	13,915.00
2,000,000.00 or more	P 13,915.00 plus 66% of 1% over P2.0 million

H. On lessors of real estate including apartments and boarding houses:

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 60,000.00	1,210.00
60,000.00 or more but less than 70,000.00	1,548.00
70,000.00 or more but less than 80,000.00	1,839.00
80,000.00 or more but less than 90,000.00	2,153.00
90,000.00 or more but less than 100,000.00	2,468.00



100,000.00 or more but less than 150,000.00	3,061.00
150,000.00 or more but less than 200,000.00	4,138.00
200,000.00 or more but less than 300,000.00	5,517.00
300,000.00 or more but less than 500,000.00	8,167.00
500,000.00 or more but less than 750,000.00	13,722.00
750,000.00 or more but less than 1,000,000.00	19,882.00
1,000,000.00 or more but less than 2,000,000.00	21,780.00
2,000,000.00 or more	P21,780.00 plus 66% of 1% over P2.0 million

I. On the businesses hereunder enumerated:

- 1. Commission agents;
- 2. Lessors, dealers, brokers of real estate;
- 3. On travel agencies and travel agents;
- On boarding houses, pension houses, motels, apartments, apartelles, and condominiums;
 Subdivision owners/developers, Private Cemeteries and Memorial Parks owners/developers;
- 6. Privately-owned markets;
- 7. Hospitals, medical clinics, dental clinics, therapeutic clinics, medical laboratories, dental laboratories;
- 8. Operators of Cable Network System;
- General consultancy services;
 Warehouses
- 11. On line businesses that offers services
- 12. All other similar activities consisting essentially of the sales of services for a fee.

Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,161.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,613.00
150,000.00 or more but less than 200,000.00	3,484.00
200,000.00 or more but less than 250,000.00	4,791.00
250,000.00 or more but less than 300,000.00	6,098.00
300,000.00 or more but less than 400,000.00	8,131.00
400,000.00 or more but less than 500,000.00	10,890.00
500,000.00 or more but less than 750,000.00	12,210.00



750,000.00 or more but less than 1,000,000.00	13,530.00
1,000,000.00 or more but less than 2,000,000.00	15,180.00
2,000,000.00 or more	P15,180.00 plus 66% of 1% over P2.0 million

Provided, that in no case shall the tax on gross sales of P2, 000,000.00 or more be less than P15, 180.00.

J. On retailers with gross receipts or sales for the preceding year in the amount of:

Amount of Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,306.00
75,000.00 or more but less than 100,000.00	1,742.00
100,000.00 or more but less than 150,000.00	2,468.00
150,000.00 or more but less than 200,000.00	3,194.00
200,000.00 or more but less than 300,000.00	4,345.00
300,000.00 or more but less than 500,000.00	5,416.00
500,000.00 or more but less than 750,000.00	8,712.00
750,000.00 or more but less than 1,000.000.00	11,616.00
1,000,000.00 or more but less than 100,000,000.00	11,616.00 plus 66% of 1% over P1.0 million but less than P100 million
100,000,000.00 or more but less than 500,000,000.00	665,016.00 plus 1.10% over P100 million but less than P500 million
500,000,000.00 or more	P5,065,016.00 plus 82.5% of 1% over P500 million

K . On retailers classified as sari-sari store with gross sales or receipts for the preceding year in the amount of:

Amount of Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum
50,000.00 or more but less than 75,000.00	1,188.00
75,000.00 or more but less than 100,000.00	1,584.00
100,000.00 or more but less than 150,000.00	2,244.00
150,000.00 or more but less than 200,000.00	2,904.00
200,000.00 or more but less than 300,000.00	3,950.00
300,000.00 or more but less than 500,000.00	4,924.00
500,000.00 or more but less than 750,000.00	7,920.00
750,000.00 or more but less than 1,000.000.00	10,560.00
1,000,000.00 or more but less than 2,000,000.00	P10,560.00 plus 60% of 1% over P1.0 million



- L. On **Authorized Franchise Car Dealers** engaged in business of selling brand new vehicles and genuine parts pursuant to a valid and existing Franchise Agreement with legitimate manufacturers and distributors shall be taxed at the rate of 50% of 1% of gross receipts up to P 2,000,000.00 and 45% of 1% of gross receipts in excess of P 2,000,000.00.
- M. On **restaurants and other eating establishments** such as, but not limited to cafes, cafeterias, ice cream or refreshment parlors, carinderias, soda fountains, food caterers, fast food centers and snack counters shall be taxed at the rate of 1.75% of the gross receipts of the preceding calendar year.
- N. On operators engaged in amusement devices and computer shop shall be taxed at the rate of Two Hundred Pesos (P200.00) per amusement device.
- O. On peddlers engaged in the sale of any merchandise or article of commerce, at the rate of Sixty Six Pesos (P66.00) per peddler annually.

Delivery trucks, vans or vehicles used by manufacturers, producers, wholesalers, dealers or retailers enumerated under Section 141 of R.A. 7160 shall be exempt: from the peddlers' tax herein imposed.

The tax herein imposed shall be payable within the first twenty (20) days of January. An individual who will start to peddle merchandise or articles of commerce after January 20 shall pay the full amount of the tax before engaging in such activity.

P. On operators of public utility vehicles maintaining booking office, terminal, or waiting station for the purpose of carrying passengers from this city under a certificate of public convenience and necessity or similar franchises:

Air-conditioned buses	P 6,000.00 per unit
Buses without air conditioning	5,000.00 per unit
"Mini" buses	4,000.00 per unit
Utility Vehicles/Vans/Fieras/Tamaraws	1,500.00 per unit
Taxis/Grab and the like	1,000.00 per unit
Jeepneys	800.00 per unit
Multi-Cabs	800.00 per unit
Tricycles (5 or more units)	100.00 per unit



5. CHANGE ADDRESS OF BUSINESS (WITHIN CITY OF IMUS) IN BUSINESS/MAYOR'S PERMIT (ON-SITE)

All enterprises that changed its status are required to amend its Business/Mayor's Permit for transfer/change address.

OFFICE OR DIVISION	Business Permits and Licensing Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	All proprietors with new business in the City of Imus			
CHECKLIST OF RE	QUIREMENTS	WHERE TO SECURE		
Please fill-out the Business Permi	t Application Form/Unified			
Form (provided by BPLO) and sub	omit together with the	Business One-Stop Shop (BOSS), https://cityofimus.gov.ph		
following requirements:				
Latest Business Tax Order of Pay	ment (Assessment Form) –	From the owner of the business (previously issued by BPLO to the owner)		
Original				
Latest Business Permit Certificate		From the owner of the business (previously issued by BPLO to the owner)		
Proof of right of applicant to use I		From the owner of the business place		
-Certified True Copy of Original Cert				
True Copy of Transfer Certificate of				
Tax Declaration/- 1 Original (if owner)				
-Notarized Deed of Sale (if owned)-	Original and 1 Photocopy-			
complete set				
-Notarized Contract to Sell (if under	amortization) -Original and 1			
Photocopy-complete set -Notarized Contract of Lease and Lessor's Business Permit (if				
	•			
renting)- Original and 1 Photocopy-				
-Notarized Memorandum of Agreement of property owner (if not owned, no				
Photocopy-complete set	renting) -Onginal and 1			
- Death Certificate, Extrajudicial Sett	lement/Last Will and			
Testament/Affidavit of Self-Adjudicat				
deceased)- Original and 1 Photocopy-complete set				
-Notarized Consent of other title own				
one of the title owner)-Original	ioi (ii iiio zaoiiioo oiiiioi io			
-Secretary's Certificate (if title is single owned-for Corporation), -				
Original	,			
-Certificate of Award Notice from NH	A (if without title but with			
Tax Declaration) Original and 1 Pho	otocopy			



-Affidavit of Sworn Declaration of all tenants listed therein- Original (if les				
Location plan or sketch of the location with picture of		From the owner of the business		
	establishment (front, right, left side view including the road, and			
interior view)	view including the read, and			
-1 Copy-complete set				
OTHER REQUIREMENTS THAT MA	AY BE NEEDED:			
Barangay Clearance/Endorsement		From Barangay Hall where the busines	ss is located	
integrated)-Original and 2 Photocop				
Barangay Resolution - 1 Photocopy		From Barangay Hall where the busines		
Homeowner's Association Resolu		From Homeowner's Association of the	Subdivision where the b	usiness is located
project or business, if the location				
Residential Subdivision-Original and				
Updated Tax Receipt - Original and	1 Photocopy	From the Land Tax Office (Official Rec		
Market Clearance		From the Economic Enterprise Manage	ement Office (EEMO) loc	ated at Imus Public Market
for business is located in public m	narket -Original and 1			
Photocopy				
Written Authorization Letter /Secre		From the owner of the business		
Certificate/Partnership Certificate				
authorized representative-(if Representative-				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
•	1. Assess the requirements	None	10 minutes	Mary Grace Basa;
requirements	and issue the Business Tax			Regina Camaclang;
	Order of Payment			Ruby Concepcion;
	(Assessment Form)			Rolando Dela Cruz;
				Ma. Elinor Laureles;
				Roehl Mañago, Jr.;
				Dianne Lois Marcial;
				Ruby Ordoñez;
				Glenn Elmer Ramirez
2. Pay the required fee(s)	2. Receive the payment. Pass	Mayor's Permit Fee	10 minutes	City Treasurer's Office
	the Business Tax Order of			assigned personnel
Payment (Assessment Form)				
3. Claim the Business Tax Order of	3. Issue the Business Tax	None	10 minutes	Norman Angeles;
Payment (Assessment Form) with	Order of Payment			Luisito Dominguez;
	(Assessment Form) with			Felizardo San Jose, Jr.;

Official Receipt, Mayor's Permit Certificate	Official Receipt, Mayor's Permit Certificate			Melani Unawa; Richard Villanueva; Zecel Secretario
	Fill-out th	ne Client Satisfaction Rating Form		
	TOTAL	Based on computation	30 minutes	

Mayor's Permit Fee

(a.) On business whose business tax rates are determined based on their gross sales and/or receipts based on section 7 paragraphs a, b, c, d, e, g, h, i, j, k and I of City Ordinance No. 04-133 S. 2019:

Asset Size	Amount	Asset Size	Amount
P 10,000.00 and below	150.00	Over P 850,000.00 to P 1,000,000.00	1,250.00
Over P 10,000.00 to P 30,000.00	225.00	Over P 1,000,000.00 to P 3,000,000.00	5,000.00
Over P 30,000.00 to P 50,000.00	300.00	Over P 3,000,000.00 to P 5,000,000.00	7,500.00
Over P 50,000.00 to P 75,000.00	375.00	Over P 5,000,000.00 to P 7,500,000.00	10,000.00
Over P 75,000.00 to P 100,000.00	450.00	Over P 7,500,000.00 to P 10,000,000.00	15,000.00
Over P 100,000.00 to P 200,000.00	525.00	Over P 10,000,000.00 to P 15,000,000.00	25,000.00
Over P 200,000.00 to P 350,000.00	600.00	Over P 15,000,000.00 to P 25,000,000.00	40,000.00
Over P 350,000.00 to P 500,000.00	700.00	Over P 25,000,000.00 to P 30,000,000.00	50,000.00
Over P 500,000.00 to P 750,000.00	800.00	Over P 30,000,000.00	60,000.00
Over P 750,000.00 to P 850,000.00	1,000.00		1,250.00

(b.) On Banks

Rural Banks (Main or Branch)	Р	5,000.00
Thrift Banks (Main or Branch)		5,000.00
Savings, Commercial, Industrial and Development Banks (Branch)		10,000.00
Universal Banks (Branch)		20,000.00

(c.) On Other Financial Institutions per establishment

Lending	P 3,000.00
Pawnshop	3,000.00
Money Shops	3,000.00



Insurance	5,000.00
Pension Plan	5,000.00

6. CHANGE BUSINESS NAME IN BUSINESS/MAYOR'S PERMIT / CHANGE BUSINESS NATURE OR LINE OF BUSINESS (ON-SITE)

All enterprises that changed its status are required to amend its Business/Mayor's Permit for change of business name.

OFFICE OR DIVISION	Business Permits and Licensin	g Office		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION		G2B – Government to Business		
WHO MAY AVAIL THE SERVICE	All proprietors with new busine	ss in the City of Imus		
CHECKLIST OF REQUIREMENTS		WI	HERE TO SECURE	
Please fill-out the Business Permi				
Form (provided by BPLO) and sub following requirements:	omit together with the	Business One-Stop Shop (BOSS), ht	tps://cityofimus.gov.ph	
Latest Business Tax Order of Pay Original	ment (Assessment Form) -	From the owner of the business (prev	viously issued by BPLO	to the owner)
Latest Business Permit Certificate	e (Diploma) - Original	From the owner of the business (prev	iously issued by BPLO t	to the owner)
Proof of Registration -DTI, if Sole Proprietorship – should 2 Copies - 1 Original, 1 Photocopy of -SEC Registration, if Partnership or incorporators 2 Copies COMPLETE SET - 1 Original -CDA, if Cooperative 2 Copies - 1 Original, 1 Photocopy Written Authorization Letter / Seci	Corporation – should be same nal, 1 Photocopy or	Business One-Stop Shop (BOSS), https://bnrs.dti.gov.ph/registration, Imus Satellite Office The District Mall, City of Imus, Any DTI Office https://crs.sec.gov.ph/; Secretariat Building, PICC Complex Roxas Boulevard, Metro Manila Philippines https://www.cda.gov.ph/resources/downloads/pro-forma-registration-documents; 827 Aurora Blvd., Immaculate Conception, Quezon City. For registration of primary cooperatives, this power has been delegated to the Regional or Extension Offices		stration-documents; 827 stration of primary
/Partnership Certificate with I.D.s		From the owner of the business		
representative-(if Representative)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIBL		
	1. Assess the requirements	None	10 minutes	Mary Grace Basa;
requirements	and issue the Business Tax			Regina Camaclang;
	Order of Payment			Ruby Concepcion;
	(Assessment Form)			Rolando Dela Cruz;



	Fill and the	e Client Satisfaction Rating Form		Zecel Secretario
Payment (Assessment Form) with Official Receipt, Mayor's Permit Certificate	Order of Payment	None	To minutes	Luisito Dominguez; Felizardo San Jose, Jr.; Melani Unawa; Richard Villanueva;
Pay the required fee(s) Claim the Business Tax Order of	2. Receive the payment. Pass the Business Tax Order of Payment (Assessment Form)	Mayor's Permit Fee	10 minutes	City Treasurer's Office assigned personnel Norman Angeles;
				Ma. Elinor Laureles; Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez

Mayor's Permit Fee

(a.) On business whose business tax rates are determined based on their gross sales and/or receipts based on section 7 paragraphs a, b, c, d, e, g, h, i, j, k and I of City Ordinance No. 04-133 S. 2019:

Asset Size	Amount	Asset Size	Amount
P 10,000.00 and below	150.00	Over P 850,000.00 to P 1,000,000.00	1,250.00
Over P 10,000.00 to P 30,000.00	225.00	Over P 1,000,000.00 to P 3,000,000.00	5,000.00
Over P 30,000.00 to P 50,000.00	300.00	Over P 3,000,000.00 to P 5,000,000.00	7,500.00
Over P 50,000.00 to P 75,000.00	375.00	Over P 5,000,000.00 to P 7,500,000.00	10,000.00
Over P 75,000.00 to P 100,000.00	450.00	Over P 7,500,000.00 to P 10,000,000.00	15,000.00
Over P 100,000.00 to P 200,000.00	525.00	Over P 10,000,000.00 to P 15,000,000.00	25,000.00
Over P 200,000.00 to P 350,000.00	600.00	Over P 15,000,000.00 to P 25,000,000.00	40,000.00
Over P 350,000.00 to P 500,000.00	700.00	Over P 25,000,000.00 to P 30,000,000.00	50,000.00
Over P 500,000.00 to P 750,000.00	800.00	Over P 30,000,000.00	60,000.00
Over P 750,000.00 to P 850,000.00	1,000.00		1,250.00



(b.) On Banks

Rural Banks (Main or Branch)	Р	5,000.00
Thrift Banks (Main or Branch)		5,000.00
Savings, Commercial, Industrial and Development Banks (Branch)		10,000.00
Universal Banks (Branch)		20,000.00

(c.) On Other Financial Institutions per establishment

Lending	P 3,000.00
Pawnshop	3,000.00
Money Shops	3,000.00
Insurance	5,000.00
Pension Plan	5,000.00



7. MULTIPLE AMENDMENTS IN BUSINESS/MAYOR'S PERMIT (CHANGE OWNERSHIP/CHANGE BUSINESS NAME/CHANGE ADDRESS-WITHIN CITY OF IMUS) and CHANGE OWNERSHIP IN BUSINESS/MAYOR'S PERMIT – (ON-SITE)

All enterprises that changed its status are required to amend its Business/Mayor's Permit.

OFFICE OR DIVISION	Business Dermits and Licensins	Office	
CLASSIFICATION	Business Permits and Licensing Office		
	Simple		
TYPE OF TRANSACTION	G2B – Government to Business		
WHO MAY AVAIL THE	All proprietors with new busines	s in the City of Imus	
SERVICE			
CHECKLIST OF R		WHERE TO SECURE	
Please fill-out the Business Pern		Business One-Stop Shop (BOSS), https://cityofimus.gov.ph	
Form (provided by BPLO) and su	ubmit together with the		
following requirements:			
Business Retirement Certificate	1 Photocopy	From the owner of the business (previously issued by City Treasurer's Office)	
Proof of Registration			
-DTI, if Sole Proprietorship		Business One-Stop Shop (BOSS), https://bnrs.dti.gov.ph/registration, Imus Satellite Office	
2 Copies - 1 Original, 1 Photocopy	or	- The District Mall, City of Imus, Any DTI Office	
-SEC Registration, if Partnership or Corporation		https://crs.sec.gov.ph/; Secretariat Building, PICC Complex	
2 Copies COMPLETE SET - 1 Original, 1 Photocopy or		Roxas Boulevard, Metro Manila Philippines	
-CDA, if Cooperative		https://www.cda.gov.ph/resources/downloads/pro-forma-registration-documents; 827	
2 Copies - 1 Original, 1 Photocopy		Aurora Blvd., Immaculate Conception, Quezon City. For registration of primary	
		cooperatives, this power has been delegated to the Regional or Extension Offices	
- Housing and Land Use Regulator			
Department of Human Settlement a	and Urban Development	https://dhsud.gov.ph/services/homeowners-association/;	
(DHSUD) Registration (for Homeov	vner's Association)	DHSUD Building, Kalayaan Avenue, corner Mayaman Street, Diliman, Quezon City, 1101	
Proof of right of applicant to use	location as business address	From the owner of the business place	
-Certified True Copy of Original Ce	rtificate Title (OCT)/ Certified		
True Copy of Transfer Certificate of			
Tax Declaration/- 1 Original (if owr			
-Notarized Deed of Sale (if owned))- Original and 1 Photocopy-		
complete set			
-Notarized Contract to Sell (if under	er amortization) -Original and 1		
Photocopy-complete set			



-Notarized Contract of Lease and Lessor's Business Permit (if	
renting)- Original and 1 Photocopy-complete set	
-Notarized Memorandum of Agreement/ Notarized written consent	
of property owner (if not owned, not renting) -Original and 1	
Photocopy-complete set	
- Death Certificate, Extrajudicial Settlement/Last Will and	
Testament/Affidavit of Self-Adjudication (if the title owner is	
deceased)- Original and 1 Photocopy-complete set	
-Notarized Consent of other title owner (if the business owner is	
one of the title owner)-Original	
-Secretary's Certificate (if title is single owned-for Corporation)-	
Original,	
-Certificate of Award Notice from NHA (if without title but with	
Tax Declaration) Original and 1 Photocopy	
-Affidavit of Sworn Declaration of all real properties for rent with	
tenants listed therein- Original (if lessor)	
-Tax declaration and Updated Tax Receipt - Original and 1	
Photocopy (From the Land Tax Office - Official Receipt of Real	
Property Tax-Amilyar))	
Location plan or sketch of the location with picture of	From the owner of the business
establishment (front, right, left side view including the road, and	Trom the dwiler of the business
interior view)-1 Copy-complete set	
Certificate of Occupancy, if applicable -Original and 1	From the owner of the business/City Building Official Office
Photocopy	Trom the dwifer of the Business/City Building Official Office
OTHER REQUIREMENTS THAT MAY BE NEEDED:	
Barangay Clearance/Endorsement for business (if not yet	From Barangay Hall where the business is located
integrated) -Original and 2 Photocopies	Trom Balangay rian whore the basiness is isotated
Barangay Resolution -1 Photocopy	From Barangay Hall where the business is located
Homeowner's Association Resolution (HOA) endorsing the	From Homeowner's Association of the Subdivision where the business is located
project or business , if the location of the business is within a	
Residential Subdivision -Original and 1 Photocopy	
Other documents that may be necessary (depending on the	
nature of business)	
Market Clearance	From the Economic Enterprise Management Office (EEMO) located at Imus Public Market
for business is located in public market-Original and 1	
Photocopy	
1.	





Examples Agreement and Concept	From the Franchisor of the business
Franchise Agreement and Consent for franchisee-Original and 1 Photocopy	From the Franchisor of the business
	From DUCUD
Annual Report to DHSUD (received/stamped)	From DHSUD
for Homeowners' Association - Original and 1 Photocopy	
Written Authorization Letter/ SPA/ Secretary's	From the owner of the business
Certificate/Partnership Certificate with I.D.s from owner and	
authorized representative-(if Representative)1 Photocopy	
Letter of No Objection – Original	From Office of the City Mayor
Approval from the City Mayor – Original	From Office of the City Mayor
Certificate of Attendance on Solid Waste Management	From City Environment and Natural Resources Office (CENRO)
Seminar (must attend seminar conducted by CENRO)	
Certificate of Non-Coverage (CNC) DENR-EMB	From DENR-EMB (www.emb.gov.ph)
(www.emb.gov.ph) - for WATER STATION, JUNKSHOPS,	
MEDICAL & DENTAL CLINIC, LABORATORIES, LAUNDRY,	
CARWASH - 1 Photocopy	
Environmental Compliance Certificate (ECC) DENR-EMB	From DENR-EMB (www.emb.gov.ph)
(www.emb.gov.ph) - for INDUSTRY, HOSPITAL, GASOLINE	
STATION, FUNERAL HOMES, MALL, SUPERMARKET,	
MANUFACTURER, FACTORY, POULTRY, PIGGERY, OTHER	
BUSINESS POSES POTENTIAL RISK/IMPACT TO	
ENVIRONMENT - 1 Photocopy	
Contract/MOA with Private Hauler - private hauler must have	From Private Hauler
MOA with Sanitary Landfill and Certificate of Disposal for	
MALL, FASTFOOD CHAIN, RESTAURANT, SUPERMARKET,	
LARGE SCALE INDUSTRY, FACTORY (MANUFACTURING),	
WAREHOUSE, ET.AL- 2 Photocopies	
Contract/MOA with Private Infectious/Hazardous Waste Hauler	From DENR accredited Hauler
(Certificate of Safe Disposal) for MEDICAL	
INFECTIOUS/TOXIC WASTE-2 Photocopies	
Discharge Permit (Water Pollution) -FOR RESTAURANTS,	From DENR-EMB (www.emb.gov.ph)
SHOPPING MALLS, COMMERCIAL LABORATORIES,	
HOSPITAL, MARKETS, COMMERCIAL CONDOMINIUMS,	
HOTELS, GASOLINE STATIONS, FUNERAL PARLOR, &	
OTHER ESTABLISHMENTS THAT USE WATER & DISCHARGE	
IT EVENTUALLY - 1 Photocopy	
II LYLINIOALLI - I I IIOIOCOPY	



Hazardous Waste Generators ID & Contract/MOA with Private	From Private Infectious/Hazardous Waste Hauler		
Infectious/Hazardous Waste Hauler (Certificate of Safe			
Disposal)-FOR RESTAURANTS, SHOPPING MALLS,			
COMMERCIAL LABORATORIES, HOSPITAL, MARKETS,			
COMMERCIAL CONDOMINIUMS, HOTELS, GASOLINE			
STATIONS, FUNERAL PARLOR, & OTHER ESTABLISHMENTS			
THAT USE CHEMICAL DISCHARGE/HAZARDOUS			
SUBSTANCES - 1 Photocopy			
Permit to Operate (Air Pollution) - FOR	From DENR-EMB (www.emb.gov.ph)		
MANUFACTURING/INDUSTRY with furnaces, boilers,			
generators, or any operation producing dust or particulate			
matter - 1 Photocopy			
Picture of Grease Trap FOR RESTAURANT, EATERY,	From the owner of the business		
CARINDERIA - 1 Photocopy			
Water Permit from National Water Resources Board	From National Water Resources Board	(NWRB) (nwrb.gov.ph)	
(nwrb.gov.ph) if source of water is from deep well -FOR			
WATER REFILLING STATION, CARWASH, LAUNDRY) - 1			
Photocopy			
Latest Result of Physico-Chemical Analysis Examination	From Water Testing Laboratory		
for food establishment & water station – Original			
Health Certificate of Staff	From City Health Office		
for food establishment, water station, salon, and spa – Original			
Urinalysis (1 month validity) – Original	From Department of Health (DOH)Acci		
Fecalysis (1 month validity) – Original	From Department of Health (DOH)Accredited Laboratory		
Chest X-Ray (6 months validity) – Original	From Department of Health (DOH)Accredited Laboratory		
Drug Test (1 year validity) – Original	From Department of Health (DOH)Accredited Laboratory		
Pest/Vermin Control	From any legitimate Pest Control establishments		
for food establishment, fast-food chain, supermarket – Original	-		
Clearance	From City Veterinary Office		
for meat retailer, poultry and pet supplies retailer - Original	,,		
CLIENT STEPS AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the complete 1. Assess the requirements	None	20 minutes	Mary Grace Basa;
requirements and issue the Business Tax			Regina Camaclang;
Order of Payment			Ruby Concepcion;
(Assessment Form)			Rolando Dela Cruz;
			Ma. Elinor Laureles:

IMUS

2. Pay the required fee(s)	2. Receive the payment. Pass the Business Tax Order of Payment (Assessment Form), O.R., CTC, to BFP personnel for Fire Inspection Fee payment, then to Sanitary Inspector for Sanitary Permit	Establishment Environmental Protection Fee-Based on Type of Establishment Sanitary Inspection Fee - Based on	10 minutes	Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez City Treasurer's Office assigned personnel
		Type of Establishment Fire Safety Inspection Fee - 15 % of total assessment excluding business tax Business Plate - Php 200.00 per Business Plate		
3. Claim the Business Tax Order of Payment (Assessment Form) with Official Receipts, CTC, Business Plate, Mayor's Permit Certificate, and Sanitary Permit	Order of Payment (Assessment Form) with Official Receipts, CTC, Business Plate, Mayor's Permit Certificate, and Sanitary Permit	None	30 minutes	Norman Angeles; Luisito Dominguez; Felizardo San Jose, Jr.; Melani Unawa; Richard Villanueva; Zecel Secretario
	Fill-out th	ne Client Satisfaction Rating Form Based on computation	1 hour	



Mayor's Permit Fee

(a.) On business whose business tax rates are determined based on their gross sales and/or receipts based on section 7 paragraphs a, b, c, d, e, g, h, i, j, k and I of City Ordinance No. 04-133 S. 2019:

Asset Size	Amount	Asset Size	Amount
P 10,000.00 and below	150.00	Over P 850,000.00 to P 1,000,000.00	1,250.00
Over P 10,000.00 to P 30,000.00	225.00	Over P 1,000,000.00 to P 3,000,000.00	5,000.00
Over P 30,000.00 to P 50,000.00	300.00	Over P 3,000,000.00 to P 5,000,000.00	7,500.00
Over P 50,000.00 to P 75,000.00	375.00	Over P 5,000,000.00 to P 7,500,000.00	10,000.00
Over P 75,000.00 to P 100,000.00	450.00	Over P 7,500,000.00 to P 10,000,000.00	15,000.00
Over P 100,000.00 to P 200,000.00	525.00	Over P 10,000,000.00 to P 15,000,000.00	25,000.00
Over P 200,000.00 to P 350,000.00	600.00	Over P 15,000,000.00 to P 25,000,000.00	40,000.00
Over P 350,000.00 to P 500,000.00	700.00	Over P 25,000,000.00 to P 30,000,000.00	50,000.00
Over P 500,000.00 to P 750,000.00	800.00	Over P 30,000,000.00	60,000.00
Over P 750,000.00 to P 850,000.00	1,000.00		1,250.00

(b). On Banks

Rural Banks (Main or Branch)	Р	5,000.00
Thrift Banks (Main or Branch)		5,000.00
Savings, Commercial, Industrial and Development Banks (Branch)		10,000.00
Universal Banks (Branch)		20,000.00

On Main Offices, one half (1/2) of the Permit Fee enumerated.

(c.) On Other Financial Institutions per establishment

Lending	P 3,000.00
Pawnshop	3,000.00
Money Shops	3,000.00
Insurance	5,000.00
Pension Plan	5,000.00



8. ISSUANCE OF MAYOR'S PERMIT FOR COOPERATIVE

Cooperatives are required to obtain or secure Mayor's Permit and pay the commensurate cost of regulation, inspection, and surveillance of the operation of its business.

OFFICE OR DIVISION	Business Permits and Licensin	Business Permits and Licensing Office			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2B – Government to Busines	G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	All Cooperatives in the City of	Imus			
CHECKLIST OF RE	QUIREMENTS	WH	IERE TO SECURE		
Cooperative Development Authority 1 Original, 1 Photocopy)	(CDA) Registration (2 Copies -	https://www.cda.gov.ph/resources/downloads/pro-forma-registration-documents; 827 Aurora Blvd., Immaculate Conception, Quezon City. For registration of primary			
		cooperatives, this power has been del	egated to the Regional o	r Extension Offices.	
Community Tax Certificate (CEDUL		City Treasurer's Office			
OTHER REQUIREMENTS THAT M	AY BE NEEDED:				
Barangay Clearance for business (2 Photocopy)	Copies – 1 Original,1	Barangay Hall where the business is leading	ocated		
Written Authorization Letter /Secr Certificate/Partnership Certificate	with I.D.s from owner and	From the owner of the business	From the owner of the business		
authorized representative-(if Repr		FEEG TO BE DAID	DDOOFCOING TIME	DEDCOM DECDOMORDI E	
CLIENT STEPS	AGENCY ACTION 1. Assess the requirements	FEES TO BE PAID None	PROCESSING TIME 5 minutes	PERSON RESPONSIBLE	
Submit the complete requirements	and issue the Assessment Form	None	5 minutes	Mary Grace Basa; Regina Camaclang; Rolando Dela Cruz; Ma. Elinor Laureles; Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez	
2. Pay the required fee(s)	2. Receive the payment and issue the O.R.	Mayor's Permit - P1,000.00	5 minutes	City Treasurer's Office assigned personnel	
Claim the Mayor's Permit Certificate	3. Issue the Mayor's Permit Certificate	None	5 minutes	Norman Angeles; Luisito Dominguez; Felizardo San Jose, Jr.; Melani Unawa; Richard Villanueva; Zecel Secretario	

Fill-out the Client Satisfaction Rating Form				
TOTAL Based on computation 15 minutes				

9. ISSUANCE OF TEMPORARY OR SEASONAL VENDOR'S PERMIT

Mayor's Permit is issued to temporary or seasonal vendors and exhibitors engaged in the sale or display of goods or services during fairs, fiestas, Christmas, foundation or anniversary day, and other holidays or special occasions, for a period of at least one (1) day but not more than one (1) year, in temporary booths or other temporary structures, located indoors or outdoors, whether leased or free.

OFFICE OR DIVISION	Business Permits and Licensing Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	All potential proprietors with busine	ess in the City of Imus			
CHECKLIST OF F	REQUIREMENTS		WHERE TO SECURE		
DTI, if Sole Proprietorship (2 Copies 1 Photocopy) or SEC Registration, if Partnership o		Business One-Stop Shop (BOSS), https://bnrs.dti.gov.ph/registration, Imus Satellite Office – The District Mall, City of Imus, Any DTI Office			
(2 Copies - 1 Original, 1 Photocopy)	Corporation	https://crs.sec.gov.ph/; Secretari Roxas Boulevard, Metro Manila		lex	
or CDA, if Cooperative (2 Copies - 1	Original,				
1 Photocopy)	https://www.cda.gov.ph/resources/downloads/pro-forma-registration-document Aurora Blvd., Immaculate Conception, Quezon City. For registration of primary cooperatives, this power has been delegated to the Regional or Extension Off			registration of primary	
Contract of Lease		From the owner/lessor of the bui	ilding or commercial stal	I	
Community Tax Certificate (CEDULA					
OTHER REQUIREMENTS THAT MA	AY BE NEEDED:				
Barangay Clearance/Endorsement integrated) - Original and 2 Photoco			Barangay Hall where the business is located		
Approval from the City Mayor – Or	iginal	From the Office of the City Mayo	or		
Written Authorization Letter /Secretary's Certificate/Partnership Certificate with I.D.s from owner and authorized representative-(if Representative)1 Photocopy		From the owner of the business f			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the complete requirements	Assess the requirements and issue the Assessment Form	None	5 minutes	Mary Grace Basa; Regina Camaclang; Rolando Dela Cruz;	



				Ma. Elinor Laureles; Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez		
2. Pay the required fee(s)	2. Receive the payment and issue the O.R.	Business Taxes Renewal Based on Annual Gross Sales/Receipts Mayor's Permit Fee Four (4) square meters or less Php 7.00/day More than four (4) square meters Php 60.00/sq.m. per mo. (Refer to City Ordinance No.	5 minutes	City Treasurer's Office assigned personnel		
3. Claim the Mayor's Permit	3. Issue the Mayor's Permit	04-133 S. 2019) None	5 minutes	Norman T. Angeles;		
Certificate	Certificate	None	3 millutes	Luisito E. Dominguez Melani M. Unawa Richard M. Villanueva		
Fill-out the Client Satisfaction Rating Form						
	TOTA	L Based on computation	15 minutes			

Mayor's Permit Fee

Size		Amount		
Four (4) square meters or less	Р	7.00/day		
More than four (4) square meters		60.00/sq.m./mo.		

Business Taxes

Renewal

A. On the businesses hereunder enumerated: All other similar activities consisting essentially of the sales of services for a fee.



Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum	
50,000.00 or more but less than 75,000.00	1,161.00	
75,000.00 or more but less than 100,000.00	1,742.00	
100,000.00 or more but less than 150,000.00	2,613.00	
150,000.00 or more but less than 200,000.00	3,484.00	
200,000.00 or more but less than 250,000.00	4,791.00	
250,000.00 or more but less than 300,000.00	6,098.00	
300,000.00 or more but less than 400,000.00	8,131.00	
400,000.00 or more but less than 500,000.00	10,890.00	
500,000.00 or more but less than 750,000.00	12,210.00	
750,000.00 or more but less than 1,000,000.00	13,530.00	
1,000,000.00 or more but less than 2,000,000.00	15,180.00	
2,000,000.00 or more	P15,180.00 plus 66% of 1% over P2.0 million	

Provided, that in no case shall the tax on gross sales of P2, 000,000.00 or more be less than P15, 180.00.

B. On retailers with gross receipts or sales for the preceding year in the amount of:

Amount of Gross Sales/Receipts For the Preceding Calendar Year	Tax Per Annum		
50,000.00 or more but less than 75,000.00	1,306.00		
75,000.00 or more but less than 100,000.00	1,742.00		
100,000.00 or more but less than 150,000.00	2,468.00		
150,000.00 or more but less than 200,000.00	3,194.00		
200,000.00 or more but less than 300,000.00	4,345.00		
300,000.00 or more but less than 500,000.00	5,416.00		
500,000.00 or more but less than 750,000.00	8,712.00		
750,000.00 or more but less than 1,000.000.00	11,616.00		
1,000,000.00 or more but less than 100,000,000.00	11,616.00 plus 66% of 1% over P1.0 million but less than P100 million		
100,000,000.00 or more but less than 500,000,000.00	665,016.00 plus 1.10% over P100 million but less than P500 million		
500,000,000.00 or more	P5,065,016.00 plus 82.5% of 1% over P500 million		

10. ISSUANCE OF PERMIT FOR AMBULANT AND ITINERANT AMUSEMENT OPERATORS

Mayor's Permit is issued to operators of amusement area particularly within the Imus Town Plaza, Imus Covered Court and its vicinity.

OFFICE OR DIVISION	Business Permits and Licensing Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	All potential proprietors with business in the City of Imus				
	REQUIREMENTS	WHERE TO SECURE			
Endorsement Letter from the City Mayor/City Administrator		Office of the City Mayor/ City Administrator's Office			
Community Tax Certificate (CEDULA)		City Treasurer's Office			
OTHER REQUIREMENTS THAT MAY BE NEEDED:					
Barangay Clearance/Endorsement for business (if not yet integrated) -Original and 2 Photocopies		Barangay Hall where the business is located			
Written Authorization Letter /Secretary's Certificate/Partnership Certificate with I.D.s from owner and authorized representative-(if Representative)1 Photocopy		From the owner of the business			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the complete requirements	Assess the requirements and issue the Assessment Form	None	5 minutes	Mary Grace Basa; Regina Camaclang; Rolando Dela Cruz; Ma. Elinor Laureles; Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez	
2. Pay the required fee(s)	2. Receive the payment and issue the O.R.	Mayor's Permit Fee Php 600.00 per sq.m./day (particularly within the Imus City Plaza, Imus Covered Court, and its vicinity) Circus, Carnivals, or the like Php 500.00 per day Merry-go-round, Rollercoaster, Ferris Wheel, Swing and other Mechanical rides(within	5 minutes	City Treasurer's Office assigned personnel	



3. Claim the Mayor's Permit Certificate	3. Issue the Certificate	Mayor's Pe	Imus City Plaza or any public property) Php 1,200.00 per day Shooting gallery and other game booths Php 750.00 per day (less than or equal to 4 sq.m.) Other gaming stalls Php 1,500.00 (greater than 4 sq.m.) per day mit None	5 minutes	Norman T. Angeles; Luisito E. Dominguez; Melani M. Unawa;
		Fill-out the (Lient Satisfaction Rating Form		Richard M. Villanueva
			AL Based on computation	15 minutes	



11. ISSUANCE OF OTHER PERMITS

Mayor's Permit is issued to cockpit operators/owners/licensees and cockpit personnel. The following are the other issued permits:

o Permit for Cockpit Owners/Operators/ Licensees
o Permit for Promoters and Cockpit Personnel
o Special Permit for Cockfighting

OFFICE OR DIVISION	Business Permits and Licensing O	ffice		
CLASSIFICATION	Simple	Simple		
TYPE OF TRANSACTION	G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	All residents and non-residents of t	the City of Imus		
	All cockpit owners of the City of Im	us (for issuance of Special Permit		
	for Cockfighting)			
CHECKLIST OF F		WHERE TO SECURE		
Permit for Cockpit Owners/Opera	tors/ Licensees			
New License				
Zoning/Locational Clearance (issued		City Planning and Development Office		
Building Plan and Design (duly appro		City Engineering Office		
Sanitary Permit/Clearance (issued by	the City Health Officer)	City Health Office		
Annual Renewal				
Certification from the City Engineer to		City Engineering Office		
from material, structural or other phys				
Sanitary Permit/Clearance (issued by		City Health Office		
Permit for Promoters and Cockpit	Personnel			
Community Tax Certificate (CTC)		City Treasurer's Office		
Special Permit for Cockfighting	(Cit. A. L			
Endorsement Letter from the City M	ayor/City Administrator	Office of the City Mayor/ City Administrator's Office		
Community Tax Certificate (CTC)		City Transuraria Office		
OTHER REQUIREMENTS THAT M	AV RE NEEDED:	City Treasurer's Office		
Barangay Clearance/Endorsemen		Barangay Hall where the business is located		
integrated) -Original and 2 Photoco		Darangay Trail whore the business is located		
Written Authorization Letter /Se		From the owner of the business		
Certificate with I.D.s from owner				
Representative)1 Photocopy	The state of the s			



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the complete requirements	Assess the requirements and issue the Assessment Form	None	5 minutes	Mary Grace Basa; Regina Camaclang; Rolando Dela Cruz; Ma. Elinor Laureles; Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez
2. Pay the required fee(s)	2. Receive the payment and issue the O.R.	A. Owner/operator/licensee of the cockpit: Application Filing Fee Php 3,000.00 Annual Cockpit Permit Fee Php 15,000.00 B. Permit for Promoters and Cockpit Personnel Cockpit Personnel Promoter/Hosts Php 2,000.00 per annum Pit Manager Php 500.00 per annum Referee Php 300.00 per annum Bet Taker (Kristo/Llamador) Php 300.00 per annum Bet Manager (Maciador/Kasador) Php 300.00 per annum Gaffer (Mananari) Php 200.00 per annum Cashier Php 200.00 per annum Derby (Matchmaker) Php 200.00 per annum	5 minutes	City Treasurer's Office assigned personnel



						TOTAL	Based on Computation	15 minutes	
							lient Satisfaction Rating Form		
Claim Certificate	the	iviayors	Permit	3. Issue the Certificate	ŕ		None	5 minutes	Norman T. Angeles; Luisito E. Dominguez; Melani M. Unawa; Richard M. Villanueva
2 Claire	41	Mayraw'-	Daws!4	2	Mayran'-	Daws!4	Php 200.00 per fight	Fairutes	November T Appeller
							International Derby		
							Special Cockfight and Derby Php 120.00 per fight		
							C. Soltada		
							Php 3,000.00 per day		
							Php 6,000.00 per day International Derby		
							Five-Cock (or more) Derby		
							Php 5,000.00 per day		
							Four-Cock Derby		
							Three-Cock Derby Php 4,000.00 per day		
							Php 3,000.00 per day		
							Two-Cock Derby		
							"Timbangan"		
							Php 2,000.00 per day		
							from Promoters of: One-Cock "Ulutan" and		
							B. Special Derby Assessment		
							Php1,000.00 per day		
							(Pintakasi)		
							Cockfighting A. Special Cockfights		
							Special Permit Fee for		
							winner		
							1% of the total bet of the		
							Php 50.00 per fight Plasada		
							Ordinary/Regular/Hackfight		



12. ISSUANCE OF CERTIFICATION

The certification for non-existing business, with existing business, or other certifications related to businesses are issued by this office that are usually required for scholarships, hospitalization, BIR, and others. The following are the issued certifications:

- Certification with existing business and non-existing business
- Other Certifications

OFFICE OR DIVISION	Business Permits and Licensin	Business Permits and Licensing Office				
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2B – Government to Busines	s, G2G - Government to Government,	G2C - Government to C	Citizen		
WHO MAY AVAIL THE SERVICE	All residents and non-residents	of the City of Imus				
CHECKLIST OF RE	QUIREMENTS	WI	HERE TO SECURE			
Request Letter		From the requesting party				
Community Tax Certificate (CEDULA		City Treasurer's Office				
OTHER REQUIREMENTS THAT MA						
Written Authorization Letter (if Re	presentative)1 Photocopy	From the requesting party				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit the complete requirements 2. Pay the required fee(s)	Assess the requirements and issue the Assessment Form 2. Receive the payment and issue the O.R.	None With Existing Business Certification P 50.00 Non-Existing Business Certification P 50.00 Other Certifications P 50.00 Documentary Stamp Tax Php 30.00	5 minutes 5 minutes	Mary Grace Basa; Regina Camaclang; Rolando Dela Cruz; Ma. Elinor Laureles; Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez City Treasurer's Office assigned personnel		
3. Claim the Certificate	3. Issue the Certificate	None	5 minutes	Norman T. Angeles; Luisito E. Dominguez; Melani M. Unawa; Richard M. Villanueva		
		e Client Satisfaction Rating Form				
	TOTAL	P80.00	15 minutes			

13. ISSUANCE OF CEMETERY CONTRACT OF LEASE (for lots owned by the city)

A Cemetery Contract of Lease for lots owned by this city is issued to the relative of the deceased resident of Imus. Rental fee is collected for the rental of Municipal Cemetery lots/niche with the lease period of five (5) years.

OFFICE OR DIVISION	Business Permits and Licensing Office				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All residents and non-residents of	the City of Imus			
CHECKLIST OF R	EQUIREMENTS		VHERE TO SECURE		
Referral Letter (issued by BPLO)		Business Permits & Licensing Offi	ce		
Community Tax Certificate (CEDUL)	A) of informant	City Treasurer's Office			
Registered Death Certificate		From the Local Civil Registrar's O			
Transfer Permit in case the dece	ased died outside the territorial	From the Treasurer's Office of the	City/City where the pers	son died;	
jurisdiction of the city;					
Previous Cemetery Contract (if rene	wal)	From the relative of the deceased	or person who processe	ed the previous contract	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present the requirements and get	Evaluate requirements and	None	2 minutes	Mary Grace Basa;	
the Referral Letter	issue Referral Letter for		(stop time)	Regina Camaclang;	
	signature of cemetery caretaker			Rolando Dela Cruz;	
				Ma. Elinor Laureles;	
				Roehl Mañago, Jr.;	
				Dianne Lois Marcial;	
				Ruby Ordoñez;	
0.0	0 5 1 1 1 0			Glenn Elmer Ramirez	
2. Present the Referral Letter	2. Fill-out the Referral Letter &	None	5 minutes	Nelson Vasquez (cemetery	
	sign		(stop time)	caretaker)	
3. Present the Referral Letter with	3. Check the requirements and	None	10 minutes	General Services Office	
signature of cemetery caretaker	approve the Referral Letter			personnel	
4. Present the Referral Letter with	4. Prepare Cemetery Contract of	None	5 minutes	Norman T. Angeles;	
the complete requirements and	Lease, to be signed by			Luisito E. Dominguez;	
receive the Cemetery Contract of	concerned personnel and			Melani M. Unawa;	
Lease	release for signature of the City			Richard M. Villanueva	
	Mayor				



5. Pay the required fee(s) at the City Treasurer's Office	5. Receive the payment and issue the O.R.	Alapan Public Cemetery Contract Fee New Php 1,500.00 Renewal Php 500.00 Construction of new tomb fee Php 6,500.00 Construction of old tomb fee Php 5,000.00 Construction of bone crypt Php 3,000.00 Toclong Public Cemetery Contract Fee New Php 1,500.00 Lot Renewal Php 100.00/sq.m./year	5 minutes	City Treasurer's Office assigned personnel
6. Submit Cemetery Contract of Lease for signature	6. The lessor (City Mayor) will sign the contract	None	1 day	City Mayor
7. Notarize the Cemetery Contract of Lease	7. Wait for the client	None	(stop time)	Any notary public office
8. Present the O.R. and Cemetery Contract of Lease (paid, signed and notarized)	8.1 Write the O.R. no. in the Contract of Lease; 8.2 Get a copy of Cemetery Contract of Lease, and Referral Letter for filing	None	1 minute	Norman Angeles; Luisito Dominguez; Melani Unawa; Richard Villanueva
	Fill-out the C	Client Satisfaction Rating Form Depending on the option chosen	1 day and 28 minutes	



14. CERTIFIED COPY OF DOCUMENTS

Certified copy of Mayor's Permit or any certifications/permits originated from this office is issued to the requesting party.

		J		-
OFFICE OR DIVISION	Business Permits and Licensing	Office		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	All business owners or authorize	ed personnel of the requesting party		
CHECKLIST OF RE	EQUIREMENTS	W	HERE TO SECURE	
Photocopy of document/s originated f	rom this office	From the requesting party		
OTHER REQUIREMENTS THAT	MAY BE NEEDED:			
Written Authorization Letter /Sec	retary's Certificate/Partnership	From the requesting party		
Certificate with I.D.s from owner	and authorized representative-			
(if Representative)1 Photocopy	·			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the complete requirements 2 Pay the required fee(s)	Assess the requirements and issue the Assessment Form Receive the payment and	None Certified Copy Php 50.00 per copy	2 minutes 5 minutes	Mary Grace Basa; Regina Camaclang; Rolando Dela Cruz; Ma. Elinor Laureles; Roehl Mañago, Jr.; Dianne Lois Marcial; Ruby Ordoñez; Glenn Elmer Ramirez City Treasurer's Office
2. Pay the required fee(s)	2. Receive the payment and issue the O.R.	Documentary Stamp Tax Php 30.00	5 minutes	assigned personnel
3. Claim the Certified Copy of document	Issue the Certified Copy of document	None	2 minutes	Norman T. Angeles; Luisito E. Dominguez; Melani M. Unawa; Richard M. Villanueva
		Client Satisfaction Rating Form		
	TOTAL	P 80.00	9 minutes	



15. VERIFICATION OF RECORDS

The requesting party may verify the records from this office in relation to business permit issued.

OFFICE OR DIVISION	Business Permits and Licensing C	Business Permits and Licensing Office			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2B - Government to Business, O	G2B – Government to Business, G2G – Government to Government, G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All requesting parties or authorize	d personnel			
CHECKLIST OF R	EQUIREMENTS		WHERE TO SECURE		
Request letter (written letter, email)		From the requesting party			
OTHER REQUIREMENTS THAT MA	Y BE NEEDED:		<u> </u>	·	
Written Authorization Letter /Se	cretary's	From the requesting party	·	·	
Certificate/Partnership Certifica	te with I.D.s from owner and				
authorized representative-(if Re	presentative)1 Photocopy				
	, , , , ,				
CLIENT STEPS	CLIENT STEPS AGENCY ACTION		PROCESSING TIME	PERSON RESPONSIBLE	
	ACEITO I ACTION	FEES TO BE PAID	FROCESSING TIME	PERSON RESPONSIBLE	
1. Submit the complete	1. Verify the request from the	None	5 minutes	Mary Grace Basa;	
1. Submit the complete	1. Verify the request from the			Mary Grace Basa; Regina Camaclang; Ruby Concepcion;	
1. Submit the complete	1. Verify the request from the			Mary Grace Basa; Regina Camaclang;	
1. Submit the complete	 Verify the request from the database Prepare the letter/certification 			Mary Grace Basa; Regina Camaclang; Ruby Concepcion; Ma. Elinor Laureles Mary Grace Basa;	
Submit the complete requirements	Verify the request from the database	None	5 minutes	Mary Grace Basa; Regina Camaclang; Ruby Concepcion; Ma. Elinor Laureles Mary Grace Basa; Regina Camaclang;	
Submit the complete requirements 2. Receive the reply thru	 Verify the request from the database Prepare the letter/certification 	None	5 minutes	Mary Grace Basa; Regina Camaclang; Ruby Concepcion; Ma. Elinor Laureles Mary Grace Basa; Regina Camaclang; Ruby Concepcion;	
Submit the complete requirements 2. Receive the reply thru	Verify the request from the database Prepare the letter/certification or email and send to the requesting party	None None	5 minutes	Mary Grace Basa; Regina Camaclang; Ruby Concepcion; Ma. Elinor Laureles Mary Grace Basa; Regina Camaclang;	
Submit the complete requirements 2. Receive the reply thru	Verify the request from the database Prepare the letter/certification or email and send to the requesting party	None	5 minutes	Mary Grace Basa; Regina Camaclang; Ruby Concepcion; Ma. Elinor Laureles Mary Grace Basa; Regina Camaclang; Ruby Concepcion;	

Note: All information to be disclosed will be in accordance with the Data Privacy Act



16. FILING OF BUSINESS COMPLAINT

Complaint on business establishments in City of Imus is filed in this office to undertake necessary actions.

OFFICE OR DIVISION	Business Permits and Licensing Office				
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2B – Government to Busines	s, G2G - Government to Government,	G2C – Government to Citiz	zen	
WHO MAY AVAIL THE SERVICE	All residents and non-residents	s of Imus			
CHECKLIST OF REQUIREMENTS		WH	IERE TO SECURE		
Accomplished Business Complaint I	Form or	Business Permits and Licensing Office	e (BPLO)		
Letter of Complaint		From the requesting party			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Fill-out and submit Business Complaint Form or Letter of Complaint	1.1 Interview the complainant	None	5 minutes	Regina C. Camaclang; Ruby R. Concepcion; Rolando S. Dela Cruz; Ma. Elinor G. Laureles	
	1.2 Schedule the ocular inspection of the business complaint	None	2 minutes (stop time)	Will be inspected on scheduled date	
	1.3 Ocular inspection on the scheduled date ("Special Visit") and take photos	None	1 day	Rolando S. Dela Cruz; Luisito E. Dominguez; Roehl R. Mañago, Jr.; Dianne Lois Marcial;	
	1.4 Prepare the Inspection Report	None	5 minutes	Glenn Elmer S. Ramirez; Felizardo San Jose, Jr.; Zecel N.	
	1.5 Encode the inspected business establishment in the computer system and prepare an arrears assessment, if necessary	None	5 minutes	Secretario; Job Order employees assigned to BPLO	
	1.6 File the Inspection Report and attachments (per business)	None	3 minutes	Regina Camaclang	

2. Receive feedback or update	2. Send feedback or update to the complainant	None	5 minutes	Regina C. Camaclang; Ruby R. Concepcion; Rolando S. Dela Cruz; Ma. Elinor G. Laureles
	TOTAL	None	1 day and 25 minutes	



CITY ASSESSOR'S OFFICE EXTERNAL SERVICES



A. APPRAISAL SERVICES

1. FIRST TIME DECLARATION OF IMPROVEMENT (HOUSE, BUILDING, FENCE, PAVEMENT AND MACHINERY)
2. RE-ASSESSMENT DUE TO SUBSTANTIAL INTRODUCTION OF ADDITION IMPROVEMENT

Persons who are acquiring real property or making improvements thereon as well as the Office of the city Assessor have the duty to make declaration of real property as provided by law. This service requested by declarant/owners is for the issuance of tax declaration for his newly constructed/reconstructed building and or/newly installed machinery.

OFFICE OR DIVISION	City Assessor's Office		
CLASSIFICATION	Highly Technical		
TYPE OF TRANSACTION	G2G – Government to Government; G2C – Government to Citizen; G2B – Government to Business		
WHO MAY AVAIL THE SERVICE	All Imus City real property owners/tax payers	, buyers, realtors/developers and other parties concerned.	
CHECKLIST O	F REQUIREMENTS	WHERE TO SECURE	
FOR DECLARED PROPERTY OWNER			
Signed photocopy of owner's one (1) val	id I.D. from the list below:		
Commission (PRC) ID, Passport, Senior Comelec Registration Form, Integrated E Philippines (IBP) ID, Firearms License, A BIR (TIN) ID, Pag-ibig ID, Person With D Pamilya Pilipino Program (4Ps) ID, Bara School ID	AFPSLAI ID, PVAO ID, AFP Beneficiary ID, isability (PWD) ID, Solo Parent ID, Pantawid ngay ID, Philippine Postal ID,Phil-health ID,	Government Agencies assigned such as: GSIS/SSS, Employer's Company, Land Transportation Office, PRC, DFA, COMELEC, IBP, BIR, Post Office, HDMF, Philhealth.	
Authorization letter or Notarized Special Power of Attorney from the owner stating the specific purpose for securing documents and property description with attached signed photocopy of valid I.D. of owner and authorized representative. **Apostilled or Consularized Special Power of Attorney if the property owner is abroad. * Notarized Deed of Sale/Deed of Assignment/Memorandum or Contract of Agreement/Lease/Real Estate Mortgage if the title is not yet transferred to the new owner of being leased (1 photocopy)		Person being represented	
FOR CORPORATE OWNED PROPERTY: Latest Secretary's Certificate with Attached signed photocopy of valid I.D. of Corporate Secretary and authorized Representative.		Person being represented	
2. Processing fee of Php. 25.00 per tax of	declaration applied	Treasurer's Office, Window 8 or 9	
3 .Processing time: 7 working days		Assessor's Office	
4. Ocular inspection of the subject prope 1:00PM to 4:00 PM)	rty (every day from 8:30AM to 11:30 AM and	Assessor's Office	

BASIC REQUIREMENTS (Clear Photo	copy of the Following)				
• • • • • • • • • • • • • • • • • • • •		Registry of Deeds-Trece Martires, Reg. of Deeds Kiosks- Robinsons Dasmarinas City, Bacoor City Hall			
2. Tax Declaration of Land	· · · · · · - · · · · · · · · · · ·				
3. Latest/Current Real Property Tax Red	eipt/ Tax Clearance Certificate	Treasurer's Office, windo	ows 17 to 19 & 15 & 23		
4. Approved Building Plan	•	Office of the Building Offi	icial – 2nd Floor		
5. Bill of Materials of actual construction	signed and sealed by Architect or Engineer	Office of the Building Offi	icial – 2nd Floor		
6. Building Permit and/or Occupancy Pe	rmit	Office of the Building Offi	icial – 2nd Floor		
7. Printed colored photographs of latest	and actual condition of the property (Exterior	Principal Owner/Applicar	nt		
and interior portion of the building)					
8. Sworn statement stating the true mark	ket value of the property- Notarized, signed	Assessor's Office			
by owner or Authorized Representative	ONLY.				
9. Sketch of exact location or Vicinity Ma	p of the property	Applicant			
Note: Subject to Back Taxes of 10 years					
declaration of property without sufficient	proof of date of latest construction.				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit complete requirements to any		None	5 minutes	Assessor's assigned personnel	
of Window 1 to 5	check for completeness and accuracy.				
	1.2 Issue order of payment				
2. Pay the required fees showing the	2. Receive the payment and issue the	Processing Fee: Php	2 minutes	City Treasurer's assigned	
Order of	Official Receipt	25.00 per tax		personnel	
Payment at Treasurer Office, Window 8		declaration			
or 9					
3. Present O.R. to Assessor's office any	3.1 Accept photocopy of Official Receipt and	None	2 minutes	Assessor's Office assigned	
from Windows 1 to 5	issue Claim stub			personnel	
	3.2 Start processing the request	None	6 days		
	A. Plotting			Engr. Roy Ebio Tax Mapper II	
				and tax mapping personnel	
				Appraisers:	
	B. Ocular inspection			Engr. Ken Dacatimbang	
	· ·			LAOO II	
				Engr. Joycell Bawalan	



	C. Appraisal/Preparation of FAAS			LAOO I Marina Gonzales LAOO III Ramon Crisostomo Jr.
	D. Approval of FAAS			Elmer Camerino Acting City Assessor
	E. Numbering F. Encoding/Reviewing/Printing			Records personnel Assessment & Records Personnel
	G. Final Approval H. Recording/Filing			Elmer Camerino Acting City Assessor Secretariat
4. Present claim stub and valid I.D. of	Release the document requested	None	2 minutes	Secretariat
the presenter to Window 1 to 5	TOTAL	Dhn 25 00 nor toy	7 days	
	TOTAL	Php 25.00 per tax declaration	7 days	



3. RECLASSIFICATION/RE-ASSESSMENT OF ACTUAL USE OF LAND AND BUILDING BASED ON TIS PREDOMINANT USE

This service pertains to the issuance of tax declaration to the properties with updated classification and valuation for taxation purposes.

OFFICE OR DIVISION	City Assessor's Office	in updated classification and valuation for taxation purposes.	
CLASSIFICATION	Complex		
TYPE OF TRANSACTION	G2G - Government to Government; G2C - Government to Citizen; G2B - Government to Business		
WHO MAY AVAIL THE SERVICE	All		
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE	
FOR DECLARED PROPERTY OWNER	{		
Signed photocopy of owner's one (1) va	lid I.D. from the list below:		
Commission (PRC) ID, Passport, Senio Comelec Registration Form, Integrated License, AFPSLAI ID, PVAO ID, AFP B	Driver's License, Professional Regulation r Citizen ID, SSS ID, Comelec/Voter's ID/Bar of the Philippines (IBP) ID, Firearms eneficiary ID, BIR (TIN) ID, Pag-ibig ID, Person D, PantawidPamilya Pilipino Program (4Ps) ID, nealth ID, School ID,	Government Agencies assigned such as: GSIS/SSS, Employer's Company, Land Transportation Office, PRC, DFA, COMELEC, IBP, BIR, Post Office, HDMF, Philhealth	
FOR AUTHORIZED REPRESENTATIV	E:		
* Authorization letter from the owner/s (1 original copy)	Person being represented	
** Notarized/Consularized Special Power	er of Attorney (1 photocopy) or Secretary's	Person being represented	
Certificate with attached signed photoco	ppy of Gov't. issued I.D. of Corporate Secretary		
and			
Authorized Representative			
	m or Contract of Agreement/Lease/Real Estate	Person being represented	
Mortgage if the title is not yet			
transferred to the new owner of being le			
	ΓΥ: Latest Secretary's Certificate with Attached	Person /company being represented	
signed photocopy of valid I.D. of Corpor			
Secretary and authorized Representative		Treasurer's Office.	
2.Processing fee of Php 25.00 per tax d	eciaration	Treasurer's Office,	
3.Processing Time: 7 days	erty (every day from 8:30AM to 11:30 AM and	Assessor's Office	
1:00PM to 4:00 PM)	ity (every day from 6.50AW to 11.50 AW and	ASSESSUI S UTITUE	
BASIC REQUIREMENTS (Clear Photo	conv of the following):		
Letter Request addressed to the City		Principal owner	
Electronic Copy of Title (1 original co	1 77	Registry of Deeds-TreceMartires, Reg. of Deeds Kiosks- Robinsons Dasmarinas	
2. Electronic copy of Thie () original co	יעץ)	City, Bacoor City Hall	



3. Tax Declaration of Land and building(I photocopy)	Assessor's Office - Wind	ows 1 to 5	
4. Updated Realty Tax Receipt or Tax C	learance Certificate (1 photocopy)	Treasurer's Office – Window		
5. Notarized sworn statement stating the	true market value of property (1 original copy)	Assessor's Office – Windows 1 to 5		
6. Approved building plan/fencing permit; Occupancy Permit; bill of materials of actual construction signed by Architect or Engineer		Office of the Building Official – 2nd Floor		
exterior portion of the building)	and actual condition of the property (interior and	Applicant		
8. Sketch Map of location of property		Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements to any from Window 1 to 5	1.1 Receive the required documents and check for completeness and accuracy.1.2 Issue order of payment	None	5 minutes	Assessor's assigned personnel
2. Pay the required fees showing the Order of Payment at Treasurer Office, Window 8 or 9	2. Receive the payment and issue the Official Receipt	Processing Fee: Php 25.00 per tax declaration	2 minutes	City Treasurer's assigned personnel
3. Present O.R. to Assessor's office to any from Windows 2 to 7	3.1 Accept photocopy of Official Receipt and issue Claim stub	None	2 minutes	Assessor's Office assigned personnel
	3.2 Start processing the request	None	6 days	
	A. Plotting			Engr. Roy A. Ebio Tax Mapper II and tax mapping personnel
	B. Ocular inspection			Appraisers: Engr. Ken Dacatimbang
	C. Appraisal/Preparation of FAAS			LAOO II Engr. Joycell Bawalan LAOO
				Marina Gonzales LAOO III Ramon Crisostomo Jr. LAOO I
	D. Approval of FAAS			Elmer L. Camerino Acting City Assessor

	E. Numbering				Records Personnel
	F. Encoding/Printing				Assessment Personnel
	G. Final Approval				Elmer L. Camerino Acting City Assessor
	H. Recording/Filing				Records Personnel
4. Present claim stub to Window 1 to 5	4. Release the document requested		None	2 minutes	Secretariat
		TOTAL	Php 25.00 per tax	7 days	
			declaration		

4. RECLASSIFICATION OF ACTUAL USE OF LAND AND BUILDING FROM BEING TAXABLE TO EXEMPT (RELIGIOUS, EDUCATIONAL, CHARITABLE AND INSTITUTIONAL PROPERTIES

This service pertains to the issuance of tax declaration of properties with updated classification and valuation of their properties for being taxable to exempt based on its actual use as provided in Sec. 234 of R.A. 7160 or Local Government Code of 1991.

OFFICE OR DIVISION	City Assessor's Office			
CLASSIFICATION	Complex	Complex		
TYPE OF TRANSACTION	G2G - Government to Government; G2C - Gove	ernment to Citizen; G2B – Government to Business		
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE		
1. FOR DECLARED PROPERTY OWN	ER .			
*Authorization letter from the owner/s (1	original copy)	Person being represented		
**Notarized/Consularized Special Power	of Attorney (1 photocopy) or	Person being represented		
Secretary's Certificate with attached sign	ned photocopy of Gov't. issued I.D. of Corporate			
Secretary and Authorized Representative	e			
**Notarized Deed of Sale/Memorandum	or Contract of Agreement/Lease/Real Estate	Principal owner		
Mortgage if the title is not yet transferred	to the			
new owner of being leased (1 photocopy	')			
FOR CORPORATE OWNED PROPERTY: Latest Secretary's Certificate with Attached		Person /company being represented		
signed photocopy of valid I.D. of Corporate Secretary and				
authorized Representative.				
2.Processing fee of Php 25.00 per tax declaration		Treasurer's Office, Window 8 or 9		
3.Processing time: 7 days				



4.Ocular inspection of the subject property (every day from 8:30AM to 11:30 AM and 1:00PM to 4:00 PM)		Assessor's Office		
BASIC REQUIREMENTS (Clear Photo	copy of the following)			
1.Letter Request addressed to the City	1.Letter Request addressed to the City Assessor (1 original copy)			
2.Electronic Copy of Title of land (1 original)	inal copy)	Registry of Deeds-Trece City, Bacoor City Hall	Martires, Reg. of Deeds Ki	osks- Robinsons Dasmarinas
3.Tax Declaration of Land and building(photocopy)	Assessor's Office - Wind	lows 1 to 5	
4.Updated Realty Tax Receipt or Tax Cl		Treasurer's Office - Wind	dows 17 to 19 & 15& 23	
5.Approved building plan/permit/Site dematerials of actual construction signed by	velopment plan; Occupancy Permit; bill of by Architect or Engineer	Office of the Building Offi	icial – 2nd Floor	
6.Business Permit, DTI Permit, BIR Cerl Accreditation/Affiliation, Government Perphotocopy)	tification of Registration, Certificate of ermit (DECS/CHED) and License to Operate (1	BPLO – Ground Floor, D	.T.I.; B.I.R.; DECS, CHED	CBCP
7.SEC Registration and Updated Article	s of Incorporation and By-Laws	S.E.C.		
	true market value of the property (1 original	Assessor's Office – Windows 1 to 5		
10.Sketch Map of location of property		Applicant		
11. Printed colored photographs of lates	st and actual condition of the property	Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit complete	1 Receive the required documents and check	None	5 minutes	Assigned personnel
requirements to any from Windows 1	for completeness and accuracy.			
to 5	1.1 Issue order of payment			
2. Pay the required fees showing the Order of Payment at Treasurer Office, Window 8 or 9	2.Receive the payment and issue the Official Receipt	Processing Fee: Php 25.00 per tax declaration	2 minutes	City Treasurer's assigned personnel
3. Present O.R. to Assessor's office Any from Windows 1 to 5	3.1 Accept photocopy of Official Receipt and issue Claim stub	None	2 minutes	Assessor's Office assigned personnel
3.2 Start processing the request		None	6 days	Engr. Roy A. Ebio Tax Mapper II and tax mapping
	A. Plotting			personnel
	B. Ocular inspection			Appraisers: Engr. Ken Dacatimbang LAOO II
	C. Appraisal/Preparation of FAAS			Engr. Joycell Bawalan LAOO
				<u>'</u>

					Marina Gonzales LAOO III Ramon Crisostomo Jr. LAOO I
	D. Approval of FAAS				Elmer L. Camerino Acting City Assessor
					Records Personnel Assessment Personnel
	E. Numbering F. Encoding/Printing				Elmer L. Camerino Acting City Assessor
	G. Final Approval				Records Personnel
	H. Recording/Filing				
4. Present claim stub to Windows 1 to	4. Release the document requested		None	2 minutes	Secretariat
5					
		TOTAL	Php 25.00 per tax declaration	7 days	



5. APPRAISAL OF PROPERTIES FOR THE ESTABLISHMENT OF FAIR MARKET VALUE FOR LGU'S ACQUISITION, LEASING AND OTHER FINANCIAL PURPOSES, AND FOR EXPROPRIATION PROCEEDINGS

This service is issued to clients whose property will be acquired by the government through sale, lease or expropriation proceedings.

OFFICE OR DIVISION	City Assessor's Office	eniment through sale, lease of expropriation proceedings.	
CLASSIFICATION	Highly Technical		
TYPE OF TRANSACTION	G2G - Government to Government		
WHO MAY AVAIL THE SERVICE	LGU, Province, National Government and Trial Courts		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
1. FOR DECLARED PROPERTY OWNE	ER .		
Signed photocopy of owner's one (1) val E-Card/Umid, Employee's ID/ Office ID,	id I.D. from the list below: Driver's License, Professional Regulation	Government Agencies assigned such as: GSIS/SSS, Employer's Company, Land Transportation Office, PRC, DFA, COMELEC, IBP, BIR, Post Office, HDMF, Philhealth	
Commission (PRC) ID, Passport, Senior Comelec Registration Form, Integrated License, AFPSLAI ID, PVAO ID, AFP Be With Disability (PWD) ID, Solo Parent ID Barangay ID, Philippine Postal ID, Phil-h	Citizen ID, SSS ID, Comelec/Voter's ID/ Bar of the Philippines (IBP) ID, Firearms eneficiary ID, BIR (TIN) ID, Pag-ibig ID, Person eneficiary ID, BIR (TIN) ID, Pag-ibig ID, Person eneficiary ID, School ID,		
FOR AUTHORIZED REPRESENTATIVE	E:		
Certificate with attached signed photocol issued I.D. of Corporate Secretary and A ***Notarized Deed of Sale/Deed of Assig Agreement/Lease/Real Estate Mortgage	of Attorney (1 photocopy) or Secretary's py of Gov't. Authorized Representative gramment/Memorandum or Contract of if the title is not	Person being represented	
yet transferred to the new owner of being	g leased (1 photocopy)	Assessor's Office	
1:00PM to 4:00 PM)	erty (every day from 8:30AM to 11:30 AM and	Assessul s Office	
BASIC REQUIREMENTS: clear Photoc	<u>-, </u>		
Indorsement letter to conduct property Order/Subpoena	appraisal or Regional Trial Court	City Mayor, RTC	
2. Electronic Copy of Title (1 original cop		Registry of Deeds-TreceMartires, Reg. of Deeds Kiosks- Robinsons Dasmarinas City, Bacoor City Hall	
3. Tax Declaration of Land and building(Assessor's Office – Windows 1 to 5	
4. Updated Realty Tax Receipt or Tax C	learance Certificate (1 photocopy)	Treasurer's Office – Windows 17 to 19 & 15 & 23	
5. Sketch Map of location of property		Applicant	

6. Printed colored photographs of latest	and actual condition of the property.	Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements to any from Windows 1 to 5	1.1 Receive the required documents and check for completeness and accuracy.	None	5 minutes	Elmer L. Camerino Acting City Assessor; Assigned personnel
	1.2 Start processing the request a. Plotting b. Ocular inspection	None	2 days	Engr. Roy Ebio Tax Mapper II and tax mapping personnel Assigned Appraiser and inspectors
	1.3 Preparation of Narrative Report	None	2 days	Elmer Camerino, Acting City Assessor; Assigned Appraiser
	1.4 Convenes for determination of appraised valuation of the property	None	1 day	Appraisal Committee
Get Indorsement and Narrative and Appraisal Report.	2. Indorsement of Narrative and Appraisal Report to the Sangguniang Panglungsod for Approval and Resolution		30 minutes	Secretariat
	TOTAL	None	6 days	



6. FIRST TIME DECLARATION OF PEZA ACCREDITED PROPERTIES

This service pertains to the issuance of tax declaration to the real properties owned by manufacturing and industrial companies who may avail incentives by Philippine Economic Zone Authority.

OFFICE OR DIVISION	City Assessor's Office		
CLASSIFICATION	Complex		
TYPE OF TRANSACTION	G2G - Government to Government; G2B - Gove	ernment to Business	
WHO MAY AVAIL THE SERVICE	PEZA Registered Companies		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
1.FOR DECLARED PROPERTY OWNE	R		
Signed photocopy of owner's one (1) val	lid I.D. from the list below: Driver's License, Professional Regulation	Government Agencies assigned such as: GSIS/SSS, Employer's Company, Land Transportation Office, PRC, DFA, COMELEC, IBP, BIR, Post Office, HDMF, Philhealth	
	Citizen ID, SSS ID, Comelec/Voter's ID/	COMELEC, IDF, BIK, FOSI Office, Fibrilitealiti	
Comelec Registration Form, Integrated I			
	AFPSLAI ID, PVAO ID, AFP Beneficiary ID, BIR		
	ility (PWD) ID, Solo Parent ID, PantawidPamilya		
, , , , , , , , , , , , , , , , , , , ,	Philippine Postal ID, Phil-health ID, School ID		
FOR AUTHORIZED REPRESENTATIV			
*Authorization letter from the owner/s (1	original copy)	Person being represented	
**Notarized/Consularized Special Power	of Attorney (1 photocopy) or		
Secretary's Certificate with attached sign	ned photocopy of Gov't. issued I.D. of Corporate		
Secretary and Authorized Representativ			
***Notarized Deed of Sale/Memorandum			
	if the title is not yet transferred to the new		
owner of being leased (1 photocopy)			
FOR CORPORATE OWNED PROPERT		Person /company being represented	
Attached signed photocopy of valid I.D.	of Corporate Secretary and authorized		
Representative.		T 100 No. 100	
2. Processing fee: Php 25.00 per tax dec	claration	Treasurer's Office, Window 8 or 9	
3. Processing time: 7 to 20 days			
4. Ocular inspection of the subject property (every day from 8:30AM to 11:30 AM and		City Assessor's Office	
1:00PM to 4:00 PM)	anne of the fallendards		
BASIC REQUIREMENTS (Clear photo		Drive the classes of	
1. Letter Request addressed to the City	, , , , ,	Principal owner	
2. Electronic Copy of Title of land (1 orig	inai copy)	Registry of Deeds-TreceMartires, Reg. of Deeds Kiosks- Robinsons Dasmarinas City, Bacoor City Hall	



3. Tax Declaration of Land and building	(1 photocopy)	Assessor's Office – Windows 1 to 5			
4. Updated Realty Tax Receipt or Tax C		Treasurer's Office – Windows 17 to 19 & 15 & 23			
	e market values of the property (1 original copy)	Assessor's Office			
6. Approved building plan/permit/Site development plan; Occupancy Permit; bill of		Office of the Building Official – 2nd Floor			
materials of actual construction signed b		•			
7. List of complete machineries including		Applicant			
8. Business Permit, DTI Permit, BIR Cer	tification of Registration with Terms and	BPLO, Ground Floor, D.7	Г.І.; В.І.R.;		
conditions, and Annual Audited Financia					
9.SEC Registration and Updated Articles		S.E.C.			
10.PEZA Reg. Certificate, Anti-Graft Cer					
11.PEZA – ERD Form No. 97-01 (PEZA	VAT Zero Rating Certificate)	PEZA OFFICE			
12.PEZA – ERD Form No. 97-01 (Corpo	rate Income Tax Holiday)				
13.List of Affiliated Companies/tenants r					
14.Printed colored photographs of latest		Applicant			
15.Notarized sworn statement stating the	e true market value of the property	City Assessor's Office			
16.Sketch Map of location of property		Applicant			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit complete requirements to		None	5 minutes	Assigned Personnel	
any from Windows 1 to 5	for completeness and accuracy.				
	1.1 Issue order of payment				
2. Pay the required fees showing the		Processing Fee: Php	2 minutes	City Treasurer's assigned	
Order of Payment at Treasurer Office,	Receipt.	25.00 per tax		personnel	
Window 8 or 9		declaration			
3. Present O.R. to Assessor's office		None	2 minutes	Assessor's Office assigned	
from Window 1 - 5	issue Claim stub			personnel	
	3.2 Start processing the request	None	6 days		
	A DI W				
	A. Plotting			Engr. Roy A. Ebio Tax	
				Mapper II and tax mapping	
				personnel	
	B. Ocular inspection			Appraisers:	
	B. Oculai inspection			Engr. Ken Dacatimbang	
	C Appraisal/Preparation of FAAS				
	C. Appraisal/Preparation of FAAS			LAOO II	



	D. Approval of FAAS			Engr. Joycell Bawalan LAOO I Marina Gonzales LAOO III Ramon Crisostomo Jr. LAOO I
	E. Numbering			Elmer L. Camerino Acting City Assessor
	F. Encoding/Printing			Records Personnel Assessment Personnel
	G. Final Approval			Elmer L. Camerino Acting
	H. Recording/Filing			City Assessor Records Personnel
4. Present claim stub to Windows 2 or 3	Release the document requested	None	2 minutes	Secretariat
	TOTAL	Php 25.00 per tax declaration	7 days	



B. ASSESSMENT SERVICES

- 7. TRANSFER OF OWNERSHIP OF TAX DECLARATION OF TITLED PROPERTY
- 8. TRANSFER OF OWNERSHIP OF UNREGISTERED (NEVER BEEN ISSUED A TITLE OR REGISTERED IN THE REGISTRY OF DEEDS (OWNERSHIP OF LAND IS BASED ON TAX DECLARATION ONLY)

This service pertains to the issuance of tax declaration of properties to the newly declared owners.

OFFICE OR DIVISION	City Assessor's Office				
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2G - Government to Government; G2C - Government to Citizen; G2B - Government to Business				
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE			
1.FOR DECLARED PROPERTY OWNE	R				
Signed photocopy of owner's one (1) val	id I.D. from the list below: Driver's License, Professional Regulation	Government Agencies assigned such as: GSIS/SSS, Employer's Company, Land Transportation Office, PRC, DFA, COMELEC, IBP, BIR, Post Office, HDMF, Philhealth			
	Citizen ID, SSS ID, Comelec/Voter's ID/	COWLEGO, IDI , DIIX, I OSI Office, I IDIVII , I Tillifediti			
Comelec Registration Form, Integrated					
	eneficiary ID, BIR (TIN) ID, Pag-ibig ID, Person				
	, PantawidPamilya Pilipino Program (4Ps) ID,				
Barangay ID, Philippine Postal ID, Phil-h					
FOR AUTHORIZED REPRESENTATIVI	<u>:</u>				
*Authorization letter from the owner/s (1	original copy)				
**Notarized/Consularized Special Power	of Attorney (1 photocopy) or Secretary's				
Certificate with attached signed photoco					
issued I.D. of Corporate Secretary and A		Person being represented			
***Notarized Deed of Sale/Memorandum	or Contract of Agreement/Lease/Real Estate				
Mortgage if the title is not yet					
transferred to the new owner of being lea					
FOR CORPORATE OWNED PROPERT					
Attached signed photocopy of valid I.D. of	of Corporate Secretary and authorized	Person /company being represented			
Representative.					
2. Processing fee of Php. 25.00 per tax declaration applied		Treasurer's Office – Windows 8 or 9			
Processing time: working days		Assessor's Office – Windows 1 to 5			
· ·	ith proper coordination with contact person one	Inspector Assessor's Office			
(1) day prior to actual inspection					
BASIC REQUIREMENTS (Clear photoco	1.7				
Electronic copy of the latest Transfer (Certificate of Title	Registry of Deeds – TreceMartires City			



Electronic copy of cancelled/previous Transfer of Title.		Registry of Deeds – TreceMartires City		
3. Latest/Current Real Property Tax Receipt/ Tax Clearance cert.		Treasurer's Office – Window's17 to 19 & 15 & 23		
4. Mode of Transfer/ Acquisition:				
Deed of Absolute Sale				
Deed of Donation				
Deed of Exchange				
Deed of Assignment				
Extrajudicial Settlement of Estate				
Self-Adjudication		Trial Court		
For Foreclosed Properties:		Thai Court		
Certificate of Sale				
Original Affidavit of Consolidation				
For unregistered lot:				
a. LRA Certification (1 copy)				
5. Certificate Authorizing Registration (C	AR) (1 photocopy)	B.I.R. – TreceMartires City		
6. Transfer tax receipt or certificate of pa	yment (1 photocopy)	Treasurer Imus for Transfer Tax Receipt issued from 2012 up to present		
		Provincial Treasurer (TreceMartires City) for transfer Tax Issued from 2000 to		
		2011		
7. Notarized Sworn Statement stating cu	rrent and true market value of	City Assessor's Office		
the property.				
8. Printed colored photographs of latest	and actual condition of the property (interior and	Applicant		
exterior portion of the house)				
9.Sketch Map of location of property		Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements to	1.1 Receive the required documents and check	None	5 minutes	Assigned personnel
Window 1 to 5	for completeness and accuracy.			
	1.1 Issue order of payment			
2. Pay the required fees showing the	2. Receive the payment and issue the Official	Processing Fee: Php	2 minutes	City Treasurer's assigned
Order of Payment at Treasurer Office	Receipt	25.00 per tax		personnel
Window 8 or 9		declaration		
3. Present O.R. to Assessor's office	3.1 Accept photocopy of Official Receipt and	None	2 minutes	Assigned personnel
Window 2 to 7	issue Claim stub			
	3.2 Start processing the request	None	6 days	
	oi_ otali piooccomig mo request			
	o c.a.t p.ococog the request			

		TOTAL	Php 25.00 per tax declaration	7 days	
4. Present claim stub to Window1	Release the document requested		None	2 minutes	Secretariat
	H. Recording				Secretariat
					Acting City Assessor
	G. Final Approval				Elmer Camerino
	E. Numbering F. Encoding/Printing				Records Personnel Assessment Personnel
	D. Approval of FAAS				Acting City Assessor
	D. Approval of FAAC				Elmer I. Camerino
					LAOO I
					Marina Gonzales LAOO III Ramon Crisostomo Jr.
	C. Treparation of LAAC				Engr. Joycell Bawalan LAOO I
	C. Preparation of FAAS				Engr. Ken Dacatimbang LAOO II
	B. Ocular inspection				Appraisers:
					III and tax mapping personnel
					Engr. Roy A. Ebio Tax Mapper



9. TRANSFER OF OWNERSHIP OF TAX DECLARATION OF LAND AWARDED TO FARMER BENEFICIARIES OF COMPREHENSIVE AGRARIAN REFORM PROGRAM (CARP)/CERTIFICATE OF LAND OWNERSHIP (CLOA)/EMANCIPATION PATENT TITLE FOR LAND This service pertains to the issuance of tax declaration of land to the new owners from previous owners who were tenants or beneficiaries of the

This service pertains to the issuance of tax declaration of land to the new owners from previous owners who were tenants or beneficiaries of the government program.

OFFICE OR DIVISION	City Assessor's Office – Assessment			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2G - Government to Government; G2C - Government to Citizen; G2B - Government to Business			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE		
1.FOR DECLARED PROPERTY OWNE	R			
Signed photocopy of owner's one (1) val	lid I.D. from the list below:	Government Agencies assigned such as: GSIS/SSS, Employer's Company, Land Transportation Office, PRC, DFA,		
	Driver's License, Professional Regulation Citizen ID, SSS ID, Comelec/Voter's ID/ Comelec	COMELEC, IBP, BIR, Post Office, HDMF, Philhealth		
Registration Form, Integrated Bar of the	Philippines (IBP) ID, Firearms License, AFPSLAI			
ID, PVAO ID, AFP Beneficiary ID, BIR (7	ΓΙΝ) ID, Pag-ibig ID, Person With Disability (PWD)			
1 '	ipino Program (4Ps) ID, Barangay ID, Philippine			
Postal ID, Phil-health ID, School ID,				
FOR AUTHORIZED REPRESENTATIVE				
*Authorization letter from the owner/s (1		Person being represented		
**Notarized/Consularized Special Power	•			
	ned photocopy of Gov't. issued I.D. of Corporate			
Secretary and Authorized Representativ				
	or Contract of Agreement/Lease/Real Estate			
	I to the new owner of being leased (1 photocopy)			
	FY: Latest Secretary's Certificate with Attached ate Secretary and authorized Representative.	Person /company being represented		
2.Processing fee of Php. 25.00 per tax d	leclaration applied	Treasurer's Office – Windows 8 or 9		
3.Processing time: working days		Assessor's Office – Windows 1 to 5		
4.Ocular inspection of the subject property (every day from 8:30AM to 11:30 AM and		Inspector Assessor's Office		
1:00PM to 4:00 PM)				
BASIC REQUIREMENTS (Clear Photo	17 07			
Electronic Copy of Title (1 original cop	py)	Registry of Deeds-TreceMartires, Reg. of Deeds Kiosks- Robinsons Dasmarinas City, Bacoor City Hall		
2. Electronic copy cancelled title of moth	er lot (1 original copy)	Registry of Deeds		



3. Certification that the original copy of CLOA/EP title is intact and existing in the said		Registry of Deeds		
registry (1 original copy)				
4. Certificate of Award (1 photocopy)		Department of Agrarian		
5.Tax Declaration of Land and building (1 photocopy)	Assessor's Office - Wind	lows 1 to 5	
6.Updated Realty Tax Receipt or Tax Cle	earance Certificate (1 photocopy)	Treasurer's Office - Wind	dows 17 to 19 & 15 or 23	
7.Notarized Sworn statement stating true	e market value of the property (1 original copy)	Assessor's Office - Wind	dows 1 to 5	
8. Notarized Deed of Conveyance (1 pho	otocopy) such as:	Principal Owner		
Deed of Absolute Sale				
Deed of Donation				
Deed of Exchange				
Deed of Assignment				
Extrajudicial Settlement of Estate				
Self-Adjudication				
For Foreclosed Properties:		Trial Court		
Certificate of Sale				
Original Affidavit of Consolidation				
9. Certificate Authorizing Registration (C	, , , , , , , , , , , , , , , , , , , ,	B.I.R. – TreceMartires City		
10. Transfer tax receipt or certificate of p	ayment (1 photocopy)	Treasurer Imus for Transfer tax Receipt issued from 2012 up to present		
		Provincial Treasurer (TreceMartires City) for transfer Tax Issued from 2000 to		
		2011		
Sketch Map of location of property		Applicant		
	(every day from 8:30AM to 11:30 AM and	Inspectors of Assessor's	Office	
1:00PM to 4:00 PM)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements to	1.1 Receive the required documents and check	None	2 minutes	Assigned Personnel
Window 1 to 5	for completeness and accuracy.			
	1.2 Issue order of payment			
2. Pay the required fees showing the	2.Receive the payment and issue the Official	Processing Fee: Php	2 minutes	City Treasurer's assigned
Order of Payment at Treasurer Office,	Receipt	25.00 per tax		personnel
Window 8		declaration		
or 9				
3. Present O.R. to Assessor's office	3.1 Accept photocopy of Official Receipt and	None	2 minutes	Assigned personnel
Windows 1 to 5	issue Claim stub			
		N.	0.1	
	3.2 Start processing the request	None	6 days	
	A Diatting			
	A. Plotting			

				Engr. Roy A. Ebio Tax
				Mapper II And tax mapping personnel
	B. Ocular inspection			Assigned appraisers and
	C. Preparation of FAAS			inspectors: Appraisers:
	o. Proparation of 1770.0			Engr. Ken Dacatimbang
				LAOO II
				Engr. Joycell Bawalan LAOO I
				Marina Gonzales
				LAOO III
				Engr. Ramon Crisostomo Jr.
				LAOO I
				Elmer Camerino Acting City
	D. Approval of FAAS			Assessor
				Records Personnel
	E. Numbering			Records Fersonner
	•			Assessment Personnel
	F. Encoding/Printing			Firman Companing Apting City
	G. Final Approval			Elmer Camerino Acting City Assessor
				, 10000001
				Records Personnel
4. Dropont claim at the to Window 4 to 5	H. Recording/Filing	None	2 minutes	Corretoriet
4. Present claim stub to Window 1 to 5	4. Release the document requested TOTAL	Php 25.00 per tax	2 minutes 7 days	Secretariat
	TOTAL	declaration	r uays	



10. FIRST TIME DECLARATION OF UNTITLED/TITLED PROPERTY

This service pertains to the issuance of tax declaration whose land will be declared/registered at the Office of the City Assessor.

OFFICE OR DIVISION	City Assessor's Office				
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2G - Government to Government; G2C – Government to Citizen; G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST (OF REQUIREMENTS	WHERE TO SECURE			
1.FOR DECLARED PROPERTY OWNE	R				
Signed photocopy of owner's one (1) val	id I.D. from the list below:	Government Agencies assigned such as:			
		GSIS/SSS, Employer's Company, Land Transportation Office, PRC, DFA,			
, , ,	Driver's License, Professional Regulation	COMELEC, IBP, BIR, Post Office, HDMF, Philhealth			
· · · · · · · · · · · · · · · · · · ·	Citizen ID, SSS ID, Comelec/Voter's ID/				
	Bar of the Philippines (IBP) ID, Firearms				
	eneficiary ID, BIR (TIN) ID, Pag-ibig ID, Person				
	, PantawidPamilya Pilipino Program (4Ps) ID,				
Barangay ID, Philippine Postal ID, Phil-h					
*Authorization letter from the owner/s (1		Derece being represented			
**Notarized/Consularized Special Power	0 177	Person being represented			
Secretary's Certificate with attached sign					
Corporate Secretary and Authorized Rep					
	or Contract of Agreement/Lease/Real Estate				
Mortgage if the title is not yet transferred					
photocopy)	to the new entire of being leaded (
	Y: Latest Secretary's Certificate with Attached	Person /company being represented			
signed photocopy of valid I.D. of Corpora					
Representative.	•				
2. Processing fee of Php. 25.00 per tax of	declaration applied	Treasurer's Office – Windows 8 or 9			
Processing time: working days		Assessor's Office – Windows 1 to 5			
4. Ocular inspection of the subject property (every day from 8:30AM to 11:30 AM and		Inspector Assessor's Office			
1:00PM to 4:00 PM)					
BASIC REQUIREMENTS (Clear Photo					
Letter request addressed to the City A		Applicant			
2. Electronic Copy of Title (1 original cop	y for titled property only)	Registry of Deeds-TreceMartires, Reg. of Deeds Kiosks- Robinsons Dasmarinas			
		City, Bacoor City Hall			
3. Electronic copy of cancelled title of mo	other lot (1 original copy for titled property only)	Registry of Deeds			



4. Tax Declaration of Land and building(I photocopy)	Assessor's Office – Windows 1 to 5		
5. Updated Realty Tax Receipt or Tax Clearance Certificate (1 photocopy)	Treasurer's Office – Windows 17 to 19 7 15 OR 23		
6. Notarized Affidavit the actual status of the property (1 original copy)	Assessor's Office – Windows 1 to 5		
7. Notarized Deed of Conveyance (1 photocopy) such as:	Applicant		
Deed of Absolute Sale			
Deed of Donation			
Deed of Exchange			
Deed of Assignment			
Extrajudicial Settlement of Estate	Trial Court		
Self-Adjudication			
For Foreclosed Properties:			
Certificate of Sale			
Original Affidavit of Consolidation			
8.Certificate Authorizing Registration (CAR) (1 photocopy)	B.I.R. – TreceMartires City		
9.Transfer tax receipt or certificate of payment (1 photocopy)	Treasurer Imus for Transfer Tax Receipt issued from 2012 up to present		
	Provincial Treasurer (Trece Martires City) for transfer Tax Issued		
	from 2011 to 2000		
10.Certification from DENR stating that the subject property is registered in the name	DENR/PENRO/CENRO		
of applicant/claimant			
11.Certification from LRA stating that the untitled property was registered in the Ref. of	Registry of Deeds – Trece Martires City		
Deeds' List of Untitled Property			
12.Approved survey plan, technical description and exact location of property	DENR – LMB, LRA		
13. Certification stating among others that the land is within alienable and disposable	PENRO/ CENRO		
area			
14. Certification/Clearance	DAR		
15. Affidavit of Ownership stating the following (1 original copy)	Principal Owner		
No Adverse Claim			
Length of possession of the property			
The applicant is in long, continuous and notorious possession of the property			
16. Certification that the property has never been declared for taxation purposes (1	Assessor's Office – Windows 1 to 5		
original copy)			
17. Notarized Affidavit of Adjoining Owners	Principal owner		
18. Subject to 10 year back taxes			
19. Printed colored photograph of actual and current condition of the property	Applicant		
20. Sketch Map of location of property	Applicant		
CLIENT STEPS AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIBLE		



2. Pay the required fees showing the	2.Receive the payment and issue the Official	Processing Fee: Php	2 minutes	City Treasurer's assigned
Order of Payment at Treasurer Office,	Receipt	25.00 per tax		personnel
Window 8		declaration		
or 9				
3. Present O.R. to Assessor's office	3.1 Accept photocopy of Official Receipt and	None	2 minutes	Assigned personnel
Windows 1 to 5	issue Claim stub			
	3.2 Start processing the request	None	6 days	
	A. Plotting			Engr. Roy A. Ebio Tax Mapper
				And tax mapping personnel
				Assigned appraisers and
	B. Ocular inspection			inspectors:
	C. Preparation of FAAS			Appraisers:
	·			Engr. Ken Dacatimbang
				LAOO II
				Engr. Joycell Bawalan
				LAOO I
				Marina Gonzales
				LAOO III
				Engr. Ramon Crisostomo Jr.
				LAOO I
				Elmer Camerino Acting
	D. Approval of FAAS			City Assessor
				Records Personnel
	E. Numbering			Assessment Personnel
	F. Encoding/Printing			
				Elmer Camerino
				Acting City Assessor
	G. Final Approval			Records Personnel

	H. Recording/Filing			
4. Present claim stub to Window 1 to 5	Release the document requested	None	2 minutes	Secretariat
	TOTAL	Php 25.00 per tax	7 days	
		declaration		

11. RECLASSIFICATION OF AGRICULTURAL LAND TO OTHER NON-AGRICULTURAL USAGE

This service pertains to the issuance of tax declaration whose land will be utilized form being agricultural to its Highest and best Use such as residential, commercial or industrial

OFFICE OR DIVISION	City Assessor's Office			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2G - Government to Government; G2C – Government to Citizen; G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE		
1. FOR DECLARED PROPERTY OWN	≣R			
Signed photocopy of owner's one (1) val		Government Agencies assigned such as: GSIS/SSS, Employer's Company, Land Transportation Office, PRC, DFA,		
1	Driver's License, Professional Regulation	COMELEC, IBP, BIR, Post Office, HDMF, Philhealth		
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Citizen ID, SSS ID, Comelec/Voter's ID/			
	Bar of the Philippines (IBP) ID, Firearms			
	eneficiary ID, BIR (TIN) ID, Pag-ibig ID, Person			
	, PantawidPamilya Pilipino Program (4Ps) ID,			
Barangay ID, Philippine Postal ID, Phil-h				
FOR AUTHORIZED REPRESENTATIVI				
*Authorization letter from the owner/s (1	original copy)	Person being represented		
**Notarized/Consularized Special Power				
or Secretary's Certificate with attached s				
Corporate Secretary and Authorized Rep				
***Notarized Deed of Sale/Memorandum	or Contract of Agreement/Lease/Real Estate			
Mortgage if the title is not yet transferred to the new owner of being leased (1 photocopy)				
FOR CORPORATE OWNED PROPERT	Y: Latest Secretary's Certificate with Attached	Person /company being represented		
signed photocopy of valid I.D. of Corporate				
Secretary and authorized Representative	е.			
2. Processing fee of Php. 25.00 per tax of	declaration applied	Treasurer's Office – Windows 8 OR 9		
3.Processing time: working days		Assessor's Office – Windows 1 to 5		



4. Ocular inspection of the subject property (every day from 8:30AM to 11:30 AM and		Inspector Assessor's Office		
1:00PM to 4:00 PM) BASIC REQUIREMENTS (Clear Photoe	conv of the following):			
	Registry of Deeds-TreceMartires, Reg. of Deeds Kiosks- Robinsons Dasmarinas			
Electronic Copy of Title (1 original copy)		City, Bacoor City Hall		
Letter Request addressed to the City Assessor		Person being represented		
Tax Declaration of Land and building(I photocopy)		Assessor's Office – Windows 1 to 5		
4. Updated Realty Tax Receipt or Tax Clearance Certificate (1 photocopy)		Treasurer's Office – Windows 17 to 19 & 15 or 23		
Approved building plan/permit, Occupancy permit, Bill of materials of actual		Office of the Building Official – 2nd Floor		
construction cost approved and signed b				
6. Certification/Clearance/Order of Conversion (I photocopy)		DAR		
7. Notarized Affidavit of Non-tenancy (I original copy)		Principal Owner		
Certification from:(1 photocopy)				
Resolution or Ordinance		Sangguniang Panglungsod HLURB		
Housing and Land Use Regulatory Board		City Planning and Development Office NIA		
Zoning Certificate				
National Irrigation Authority, if irrigated rice land				
In case of subdivision:				
Development permit				
License to Sell and Certificate of Registration (CR)				
Approved Site Development Plan		Applicant		
Approved alteration permit, in case there were changes made in the development plan LMB-DENR approved survey plan with Lot data computation of all resulting subdivision				
lots				
8. Sketch Map of location of property		Applicant		
9. Printed colored photographs of the actual condition of the property.		Applicant PERSON		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements to	1.1 Receive the required documents and check	None	5 minutes	Assigned personnel
Window 1 to 5	for completeness and accuracy.			
2. Pay the required fees showing the	1.2 Issue order of payment2.Receive the payment and issue the Official	Processing Fee: Php	2 minutes	City Treasurer's assigned
Order of Payment at Treasurer Office,	Receipt Receipt and Issue the Official	25.00 per tax	Z minutes	personnel
Window 8 or 9	Neceipt	declaration		personner
Williadw 6 01 9		Reclassification fee:		
		Php 1.00 per sq.m.		
l.		1 11p 1.00 pci 3q.iii.		



3. Present O.R. to Assessor's office Window 1 to 5	3.2 Accept photocopy of Official Receipt and issue Claim stub	None	2 minutes	Assigned personnel
	3.1 Start processing the request	None	6 days	
	A. Plotting			Engr. Roy A. Ebio Tax Mapper II And tax mapping personnel Assigned appraisers and
	B. Ocular inspection			inspectors:
	C. Preparation of FAAS			Appraisers: Engr. Ken Dacatimbang LAOO II Engr. Joycell Bawalan LAOO I Marina Gonzales LAOO III Engr. Ramon Crisostomo Jr. LAOO I
	D. Approval of FAAS			Elmer Camerino Acting City Assessor
	E. Numbering			Records Personnel
	F. Encoding/Printing			Assessment Personnel
	G. Final Approval			Elmer Camerino Acting City Assessor
	H. Recording/Filing			Records Personnel
4. Present claim stub to Windows 3 or 4	Release the document requested	None	2 minutes	Secretariat



TOTAL	Processing Fee: Php	7 days	
	25.00 per tax		
	declaration		
	Reclassification fee:		
	Php 1.00 per sq.m.		

12. CONSOLIDATION/SUBDIVISION OF MOTHER LOT/AND IMPROVEMENT

This service pertains to the issuance of tax declaration to the mother lot/s to be consolidated or subdivided

OFFICE OR DIVISION	City Assessor's Office			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G - Government to Government; G2C - Government to Citizen; G2B - Government to Business			
WHO MAY AVAIL THE SERVICE	All including subdivision and condominium develor	pers, public utility companies, supermalls, convenience stores, hospitals and		
	industrial companies			
CHECKLIST	T OF REQUIREMENTS	WHERE TO SECURE		
1. FOR DECLARED PROPERTY OWN	ER			
Signed photocopy of owner's one (1) val	lid I.D. from the list below:	Government Agencies assigned such as:		
E-Card/Umid, Employee's ID/ Office ID,	Driver's License, Professional Regulation	GSIS/SSS, Employer's Company, Land Transportation Office, PRC, DFA,		
Commission (PRC) ID, Passport, Senior	Citizen ID, SSS ID, Comelec/Voter's ID/ Comelec	COMELEC, IBP, BIR, Post Office, HDMF, Philhealth		
Registration Form, Integrated Bar of the)			
Philippines (IBP) ID, Firearms License, A	AFPSLAI ID, PVAO ID, AFP Beneficiary ID, BIR			
	ility (PWD) ID, Solo Parent ID, PantawidPamilya			
Pilipino Program (4Ps) ID, Barangay ID,	Philippine Postal ID,			
Phil-health ID, School ID,				
FOR AUTHORIZED REPRESENTATIVE	E:			
*Authorization letter from the owner/s (1	original copy)			
**Notarized/Consularized Special Power	of Attorney (1 photocopy) or	Person being represented		
Secretary's Certificate with attached sign	ned photocopy of Gov't. issued I.D. of Corporate			
Secretary and Authorized Representativ	e			
***Notarized Deed of Sale/Memorandum	or Contract of			
Agreement/Lease/Real Estate Mortgage if the title is not yet transferred to the new owner of				
being leased (1 photocopy)				
FOR CORPORATE OWNED PROPERT	Y: Latest Secretary's Certificate with	Person /company being represented		
Attached signed photocopy of valid I.D.	of Corporate Secretary and authorized			
Representative.				
2.Processing fee of Php. 25.00 per tax d	eclaration applied	Treasurer's Office – Windows 8 or 9		



3. Processing time: working days		Assessor's Office – Windows 1 to 5		
4. Ocular inspection of the subject property (every day from 8:30AM to 11:30 AM and		Inspector Assessor's Office		
1:00PM to 4:00 PM)				
BASIC REQUIREMENTS (Clear Photoe				
1. Letter request addressed to the City A		Applicant		
2. Electronic Copy of Title (1 original cop	y)		eMartires, Reg. of Deeds	s Kiosks- Robinsons Dasmarinas
		City, Bacoor City Hall		
3. Tax declaration of land (and improven		Applicant		
4. Updated Realty Tax Receipt or Tax C			ndows 17 to 19 & 15 OR	. 23
	ancy permit, Bill of materials of actual construction	Office of the Building O	fficial, 2nd floor	
cost approved and signed by an architec				
(IF THERE ARE IMPROVEMENTS ONL				
6. Approved subdivision plan, technical of		DENR – LMB, LRA, CF		
7. Approved original subdivision plan, if a	,	CPDO, SangguniangPa	• •	
8. Approved Alteration Permit (FOR DE\		CPDO/SangguniangPa	nglungsod, HLURB	
9. License to Sell (1 photocopy) (FOR D		HLURB		
	on lots with mother title numbers and tax			
declaration numbers) (e-file or photocopy		CPDO, SangguniangPanglungsod, HLURB		
11. Printed colored photographs of the a	ctual condition of the property.			
12. Sketch Map of location of property				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements to	1.1 Receive the required documents and check for	None	2 minutes	Assigned personnel
Window 1 to 5	completeness and accuracy.			
	1.2 Issue order of payment			
2. Pay the required fees showing the	2.Receive the payment and issue the Official	Processing Fee: Php	2 minutes	City Treasurer's assigned
Order of Payment at Treasurer Office,	Receipt	25.00 per tax		personnel
Window 8 or 9		declaration		
3. Present O.R. to Assessor's office	3.1 Accept photocopy of Official Receipt and issue	None	2 minutes	Assigned personnel
Window 1 to 5 Claim stub				
	3.2 Start processing the request	None	6 days	
	A Diation			Engr. Roy A. Ebio Tax Mapper
	A. Plotting			II
				And tax mapping personnel
	D. Oaular inapaction			
	B. Ocular inspection			



				Assigned appraisers and
	C. Preparation of FAAS			inspectors:
	C. I Teparation of I AAG			Appraisers:
				Engr. Ken Dacatimbang
				LAOO II
				Engr. Joycell Bawalan
				LAOO I
				Marina Gonzales
				LAOO III
				Engr. Ramon Crisostomo Jr.
				LAOO I
	D. Approval of FAAS			
				Elmer Camerino
	E Numbering			Acting City Assessor
	E. Numbering			Records Personnel
	F. Encoding/Printing			Necolus Fersonnei
	G. Final Approval			Assessment Personnel
	C. I mai Approvai			Elmer Camerino
				Acting City Assessor
	H. Recording/Filing			
				Records Personnel
4. Present claim stub to Window 1 to 5	Release the document requested			Secretariat
	TOTAL	Processing Fee:	20 days	
		Php 25.00 per tax		
		declaration		



13. CORRECION OF DATA/REVISION OF TAX DECLARATION DUE TO TYPOGRAPHICAL ERROR ON ASSESSEMENT RECORDS BASED ON CERTIFIED TRUE COPY OF TITLE

This service pertains to the correction of data on declarant's name, address, title number and other necessary information that are basically typographical only based on titles.

OFFICE OR DIVISION	City Assessor's Office			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2G - Government to Government; G2C – Government to Citizen; G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
1.FOR DECLARED PROPERTY OWNE	R			
Signed photocopy of owner's one (1) val	id I.D. from the list below:	Government Agencies GSIS/SSS, Employer's	assigned such as: Company, Land Transport	tation Office, PRC, DFA,
E-Card/Umid, Employee's ID/ Office ID, Driver's License, Professional Regulation Commission (PRC) ID, Passport, Senior Citizen ID, SSS ID, Comelec/Voter's ID/ Comelec Registration Form, Integrated Bar of the Philippines (IBP) ID, Firearms License, AFPSLAI ID, PVAO ID, AFP Beneficiary ID, BIR (TIN) ID, Pag-ibig ID, Person With Disability (PWD) ID, Solo Parent ID, Pantawid Pamilya Pilipino Program (4Ps) ID, Barangay ID, Philippine Postal ID, Phil-health ID, School ID,		COMELEC, IBP, BIR,	Post Office, HDMF, Philhea	alth
FOR AUTHORIZED REPRESENTATIVE				
*Authorization letter from the owner/s (1		Person being represented		
	**Notarized/Consularized Special Power of Attorney (1 photocopy) or Secretary's Certificate with attached signed photocopy of Gov't. issued I.D. of Corporate Secretary and Authorized Representative			
	or Contract of Agreement/Lease/Real Estate to the new owner of being leased (1 photocopy)			
2. Processing fee of Php 25.00 per tax d	eclaration	Treasurer's Office		
3. Certification fee of PHP80.00 per certi				•
4. Processing time: 10 to 15 minutes per				
BASIC REQUIREMENTS (Clear Photoc	copy of the following):			
1. Letter Request addressed to the City	Assessor (original copy)	Applicant		
2. Electronic copy of Title		City	ce Martires, Reg. of Deeds	Kiosks- Robinsons Dasmarinas
3.Real Property tax receipt/Tax Clearance		Treasurer's Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Certified true copy of Title to window 1 to 5	1.1 Receive Certified true copy of Title check for completeness and accuracy.	None	2 minutes	Assigned personnel



	1.2 Issue order of payment			
2.Pay the required fees showing the	2.Receive the payment and issue the Official	Processing Fee: Php	3 minutes	City Treasurer's assigned
Order of Payment at Treasurer Office,	Receipt	80.00 per tax		personnel
Window 8 or 9		declaration		
3. Present O.R. to Assessor's office	3.1 Accept photocopy of Official Receipt		5 minutes	Assigned personnel
Window 1 or 5				
	3.2Start processing			
				Records Personnel
	3.3 Prepared certified true copy of Corrected Tax			Elmer Camerino
	Declaration			Acting City Assessor
5. Get the document.	Release the document requested			
	TOTAL	Php 80.00 per tax declaration	15 minutes	



B. RECORDS OF ASSESSMENT MANAGEMENT SERVICES

- 14. VERIFICATION OF RECORDS OF ASSESSMENT
- 15. ISSUANCE OF CERTIFIED TRUE COPY OF LAND, BUILDING AND MACHINERY
- 16. ISSUANCE OF CERTIFICATE OF BEING TAX EXEMPT (FOR EDUCATIONAL, CHARITABLE, RELIGIOUS AND INSTITUTIONAL PROPERTIES)

This service pertains to verification and issuance of assessment records for the following purposes: reference for tax payment, for mortgage/loan/financial institutions, courts and many other legal purposes.

OFFICE OR DIVISION	City Assessor's Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G - Government to Government; G2C - Governr	nent to Citizen; G2B – G	overnment to Business	
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST	F OF REQUIREMENTS		WHERE TO SECU	RE
1. FOR DECLARED PROPERTY OWN	ER			
Signed photocopy of owner's one (1) val		Government Agencies	assigned such as:	
	Driver's License, Professional Regulation			ortation Office, PRC, DFA,
Commission (PRC) ID, Passport, Senior	Citizen ID, SSS ID, Comelec/Voter's ID/ Comelec	COMELEC, IBP, BIR, F	Post Office, HDMF, Philhe	ealth
	Philippines (IBP) ID, Firearms License, AFPSLAI			
	TIN) ID, Pag-ibig ID, Person With Disability (PWD)			
ID, Solo Parent ID, PantawidPamilya Pili				
Philippine Postal ID, Phil-health ID, Scho				
FOR AUTHORIZED REPRESENTATIVI				
*Authorization letter from the owner/s (1				
	of Attorney (1 photocopy) or Secretary's Certificate			
- · · · · · · · · · · · · · · · · · · ·	. issued I.D. of Corporate Secretary and Authorized			
Representative		Person being represented		
	or Contract of Agreement/Lease/Real Estate			
	to the new owner of being leased (1 photocopy			
	Certification fee of PHP80.00 per certificate			
3. Processing time: 3 to 5 minutes per ce		Assessor's Office		
BASIC REQUIREMENTS (Clear Photocopy of the following):				
Updated real Property tax receipt/Tax Clearance Certificate		Treasurer's Office 17 to 19 & 15 or 23		
2. Electronic Copy of title				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements to		None	5 minutes	Assigned personnel
Window 1 to 5	completeness and accuracy.			
	1.2 Issue order of payment			



2. Pay the required fees showing the	2. Receive the payment and issue the Official	Certification fee Fee:	2 minutes	City Treasurer's assigned
Order of Payment at Treasurer Office,	Receipt	Php 50.00 per		personnel
Window 8 or 9.		certified true copy of		
		tax dec; Doc Stamp:		
		Php 30.00 per		
		certifcate		
3. Present O.R. to Assessor's office	3.1 Accept photocopy of Official Receipt and issue	None	2 minutes	Assigned personnel
Window 1 to 5	Claim stub			
	3.2 Start processing the request	None	8 minutes	
	A. Verify records			Records personnel
	B. Prepare certificates			
	C. Print certificate			
	D. Review			
	E. Recording			
	F. Final Approval			Elmer Camerino
				Acting City Assessor
				Ermily dela Cruz
				LAOO IV
				Edgardo I. Bautista;
				LAOO IV
	Release the document requested			Assigned personnel
	TOTAL	Php 80.00 per	14 minutes	
		certified true copy		
		of tax dec		



17. ISSUANCE OF CERTIFICATE OF NO IMPROVEMENT

This service is issued to a client who wishes to secure document certifying that their lot is actually vacant has no any improvement erected thereon, and usually used as reference for transfer of title or loan application.

OFFICE OR DIVISION	City Assessor's Office					
CLASSIFICATION	Simple	Simple				
TYPE OF TRANSACTION	G2G - Government to Government; G2C - Governr	G2G - Government to Government; G2C – Government to Citizen; G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	All	All				
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE				
1. FOR DECLARED PROPERTY OWNE	ER .					
Signed photocopy of owner's one (1) val	id I.D. from the list below:	Government Agencies assigned such as:				
	Driver's License, Professional Regulation	GSIS/SSS, Employer's Company, Land Transportation Office, PRC, DFA,				
	Citizen ID, SSS ID, Comelec/Voter's ID/	COMELEC, IBP, BIR, Post Office, HDMF, Philhealth				
	Bar of the Philippines (IBP) ID, Firearms License,					
	ID, BIR (TIN) ID, Pag-ibig ID, Person With					
Disability (PWD) ID, Solo Parent ID, Pan	, ,					
Program (4Ps) ID, Barangay ID, Philippin						
FOR AUTHORIZED REPRESENTATIVE						
*Authorization letter from the owner/s (1						
	of Attorney (1 photocopy) or Secretary's	Person being represented				
Certificate with attached signed						
	rate Secretary and Authorized Representative					
	or Contract of Agreement/Lease/Real Estate					
Mortgage if the title is not yet transferred	to the new owner of being leased (1 photocopy)					
FOR CORPORATE OWNED PROPERT	Y: Latest Secretary's Certificate	Person /company being represented				
	I.D. of Corporate Secretary and authorized	1 , 3 , 1				
Representative.						
2. Certification Fee of Php. 80.00 per cer	rtification applied	Treasurer's Office – Windows 8 or 9				
3. Processing time: working days		Assessor's Office – Windows 1 to 5				
4. Ocular inspection of the subject property (every day from 8:30AM to 11:30 AM and		Inspector Assessor's Office				
1:00PM to 4:00 PM)	•					
BASIC REQUIREMENTS (Clear photoc	copy of the following):					
1. Electronic Copy of the latest Transfer	Certificate of Title	Registry of Deeds-TreceMartires, Reg. of Deeds Kiosks- Robinsons Dasmarinas				
		City				
2. Tax Declaration of Land		Assessor's Office – Windows 1 to 5				



3. Updated Realty Tax Receipt or Tax C	learance Certificate	Treasurer's Office – Windows 8 or 9		
4. Affidavit of No Improvement (stating that the subject		Applicant		
property is a vacant lot and has no any s				
5. Printed colored photograph of latest a		Applicant		
6. Sketch of exact location or Vicinity ma	ap of the property	Person being represente	d	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements to	1.1 Receive the required documents and check	None	5 minutes	Assigned personnel
Window 1 or 3	for completeness and accuracy.			
	1.2 Issue order of payment		5 minutes	
2. Pay the required fees showing the	2. Receive the payment and issue the Official	Certification Fee: Php	5 minutes	City Treasurer's assigned
Order of Payment at Treasurer Office	Receipt	50.00 per certificate;		personnel
		Doc Stamp: Php 30.00		
		per certifcate		
3. Present O.R. to Assessor's office	3.1 Accept photocopy of Official Receipt and	None	2 minutes	
Window 1 or 5	issue Claim stub			
	3.2 Start processing the request.	None	25 minutes	Assigned appraisers and
				inspectors:
	A. Plotting			Engr. Roy Ebio
	B. Ocular inspection			Inspector
				_
	C. Issue Notice of Disapproval/ Sworn			Secretariat
	Statement and Affidavit, if found with			
	improvement			
	B B : #			 . - .
	D. Printing			Tax Mapping Personnel
	E Final Annance			Flores Organis
	F. Final Approval			Elmer Camerino
4. Oat the decreases	4 Delegan the description of the description	NI	0	OIC-City Assessor
4. Get the document.	4. Release the document requested	None	2 minutes	Assigned personnel
	TOTAL	Php 80.00 per	30 minutes	
		certificate		



18. ISSUANCE OF AGGREGATE PROPERTY HOLDINGS (WITH PROPERTY/NO PROPERTY)

This service is given to property owners or his duly authorized representatives, any government agency or private entity to who wish to obtain a listing of his property holdings as reference for tax payment and other legal purposes it may serve.

	s property holdings as reference for tax payment and other legal purposes it may serve.				
OFFICE OR DIVISION	ASSESSOR				
CLASSIFICATION	Simple – 3 DAYS				
TYPE OF TRANSACTION	G2G - Government to Government; G2C – Government to Citizen; G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	All				
CHECKLIS	T OF REQUIREMENTS	WHERE TO SECURE			
1. FOR DECLARED PROPERTY OWN					
Signed photocopy of owner's one (1) va	lid I.D. from the list below:	Government Agencies assigned such as:			
E-Card/UMID, Employee's ID/ Office ID,	, Driver's License, Professional Regulation	GSIS/SSS, Employer's Company, Land Transportation Office, PRC, DFA,			
	r Citizen ID, SSS ID, Comelec/Voter's ID/ Comelec	COMELEC, IBP, BIR, Post Office, HDMF, Philhealth			
	Philippines (IBP) ID, Firearms License, AFPSLAI				
	TIN) ID, Pag-ibig ID, Person With Disability (PWD)				
ID, Solo Parent ID, Pantawid Pamilya Pi	·				
Program (4Ps) ID, Barangay ID, Philippi					
FOR AUTHORIZED REPRESENTATIV					
*Authorization letter from the owner/s (1	0 177				
· ·	r of Attorney (1 photocopy) or Secretary's Certificate				
0 1 17	t. issued I.D. of Corporate Secretary and Authorized				
Representative					
	n or Contract of Agreement/Lease/Real Estate	Person being represented			
	d to the new owner of being leased (1 photocopy				
FOR CORPORATE OWNED PROPER	•				
0 1 17	I.D. of Corporate Secretary and authorized				
Representative.	and the same of th				
1. Certification fee of PHP 80.00 per cer					
2. Processing time: 10-15 minutes per c					
	merous deceased owners/heirs which require back				
tracing of records.					
BASIC REQUIREMENTS (Clear Photo	• • • • • • • • • • • • • • • • • • • •				
Updated real Property tax receipt/Tax C	Clearance Certificate	Treasurer's Office, window 17 to 19 & 15 or 23			
2. Electronic Copy of title		Applicant			
3. Notarized Extra-Judicial Settlement of E	·	Applicant			
4. Death Certificate of deceased owner/s and heirs		Applicant			



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit complete requirements to Window 1 to 5	1.1 Receive the required documents and check for completeness and accuracy. 1.2 Issue order of payment	None	2 minutes	Assigned Personnel
Pay the required fees showing the Order of Payment at Treasurer Office	2. Receive the payment and issue the Official Receipt	Certification Fee: Php 50.00 per certificate; Doc Stamp: Php 30.00 per certifcate	2 minutes	City Treasurer's assigned personnel
3. Present O.R. to Assessor's office Window 1 to 5	3.1 Accept photocopy of Official Receipt and issue Claim stub	None	2 minutes	Assigned personnel
	Start processing the request A. Verify records B. Prepare certificates C. Print certificate D. Review E. Recording/Filing F. Final Approval	None	2 days	Elmer Camerino Acting City Assessor Ermily dela Cruz LAOO IV Edgardo I. Bautista LAOO IV
4. Get the document.	Release the document requested	None		Assigned personnel
	TOTAL	None	3 days	



19. ANNOTATION/CANCELLATION OF MORTGAGE ON TAX DECLARATION

This service pertains to cancellation or annotation of mortgage on tax declaration

OFFICE OR DIVISION	City Assessor's Office				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2G - Government to Government; G2C - Gover	nment to Citizen; G2B - 0	Government to Business		
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
1. FOR PROPERTY DECLARED OWNE	R:				
Signed photocopy of owner's one (1) valid	d I.D. from the list below:	Government Agencies a	assigned such as:		
		GSIS/SSS, Employer's	Company, Land Transpo	rtation Office, PRC, DFA,	
E-Card/Umid, Employee's ID/ Office ID, D	Priver's License, Professional Regulation	COMELEC, IBP, BIR, F	ost Office, HDMF, Philhe	alth	
Commission (PRC) ID, Passport, Senior (Citizen ID, SSS ID, Comelec/Voter's ID/ Comelec				
Registration Form, Integrated Bar of the F	Philippines (IBP) ID, Firearms License, AFPSLAI				
ID, PVAO ID, AFP Beneficiary ID, BIR (TI	N) ID, Pag-ibig ID, Person With Disability (PWD)				
ID, Solo Parent ID, Pantawid Pamilya Pilip	pino Program (4Ps) ID, Barangay ID, Philippine				
Postal ID, Phil-health ID, School ID,					
FOR AUTHORIZED REPRESENTATIVE	:				
*Authorization letter from the owner/s (1 o		Person being represented			
***Notarized/Consularized Special Power	***Notarized/Consularized Special Power of Attorney (1 photocopy) or Secretary's		Person being represented		
Certificate with attached signed					
	ate Secretary and Authorized Representative				
***Notarized Deed of Sale/Memorandum					
	f the title is not yet transferred to the new owner of				
being leased (1 photocopy)					
	: Latest Secretary's Certificate with Attached				
	te Secretary and authorized Representative.				
BASIC REQUIREMENTS:					
Certified True Copy of Title (1 original copy for titled property only)		Registry of Deeds-TreceMartires, Reg. of Deeds Kiosks- Robinsons		Kiosks- Robinsons	
		Dasmarinas City, Bacoor City Hall			
2.Tax Declaration of Land and building(I		Assessor's Office – Wir			
3.Updated Realty Tax Receipt or Tax Clea		Treasurer's Office – Will Financial Institutions	ndows 17 to 19 & 15 to 23	3	
	4.FROM BANKS/FINANCIAL INSTITUTIONS: Original copy of				
mortgage/release of mortgage (1 original					
FROM TRIAL COURTS: Original/certified		Trial Courts			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	



1. Submit complete requirements to	1.1 Receive the required documents and check	None	2 minutes	Assigned Personnel
Window 1 to 5	for completeness and accuracy.			
	1.2 Issue order of payment			
2. Pay the required fees showing the	2. Receive the payment and issue the Official	Certification fee Fee:	2 minutes	City Treasurer's assigned
Order of Payment at Treasurer Office,	Receipt	Php 50.00 per		personnel
Window 8 or 9		certified true copy of		
		tax dec Doc Stamp:		
		Php30.00 per		
		certificate		
3.Present O.R. to Assessor's office	3.1 Accept photocopy of Official Receipt and		2 minutes	Assigned personnel
Window 1 or 5	issue Claim stub			
	3.2 Start processing the request			
	A. Verify records		20 minutes	Records personnel
	B. Annotate/cancel mortgage			
	C. Prepare certificates			
	D. Print certificate			
	TOTAL	Php 50.00 per	1 day	
		certified true copy		
		of tax dec		



20. CANCELLATION OF RECORDS WITH DUAL OR ULTIPLE ASSESSMENT AND/OR PROPERTIES THAT ARE ALREADY TOTALLY DEMOLISEHED OR NO LONGER EXISTING

This service pertains to the issuance of Notice of Cancellation of Records of assessment for properties found out to be doubled or totally demolished

OFFICE OR DIVISION	City Assessor's Office		
CLASSIFICATION	Complex		
TYPE OF TRANSACTION	G2G – Government to Government; G2C – Government to Citizen; G2B – Government to Business		
WHO MAY AVAIL THE SERVICE	All		
CHECKL	IST OF REQUIREMENTS	WHERE TO SECURE	
1. FOR PROPERTY DECLARED OWN			
Signed photocopy of owner's one (1) val		Client	
	Driver's License, Professional Regulation Commission		
	SS ID, Comelec/Voter's ID/ Comelec Registration Form,		
	D, Firearms License, AFPSLAI ID, PVAO ID, AFP		
	, Person With Disability (PWD) ID, Solo Parent ID,		
	s) ID, Barangay ID, Philippine Postal ID, Phil-health ID,		
School ID,			
FOR AUTHORIZED REPRESENTATIV			
*Authorization letter from the owner/s (1	3 177		
· ·	of Attorney (1 photocopy) or Secretary's Certificate with		
attached signed		Person being represented	
	rate Secretary and Authorized Representative		
***Notarized Deed of Sale/Memorandum			
	e if the title is not yet transferred to the new owner of		
being leased (1 photocopy)	FV		
FOR CORPORATE OWNED PROPERT			
	I.D. of Corporate Secretary and authorized		
Representative.	COCODY OF THE FOLLOWING).		
BASIC REQUIREMENTS (CLEAR POT		Desistant & Deside TransMediane Design & Deside Kingke Dekinger	
1. Certified True Copy of Title (1 origina	i copy for titled property only)	Registry of Deeds-TreceMartires, Reg. of Deeds Kiosks- Robinsons	
2. Tay Declaration of Land and huilding (Inhatosony)		Dasmarinas City, Bacoor City Hall Assessor's Office – Windows 1 to 5	
2. Tax Declaration of Land and building(I photocopy)		Treasurer's Office – Windows 8 or 9	
Updated Realty Tax Receipt or Tax Clearance Certificate (1 photocopy) Tick in ideal and at (4 photocopy)			
4. Fire incident report/certificate (1 photocopy)		Bureau of Fire, Barangay Captain	
Demolition Permit (1 Photocopy) Certificate of Business Closure/Retirer	n out	Office of the Building Official	
		BPLO, City Treasurer, DTI/SEC	
7. Approved building plan/fencing permit	t; Occupancy Permit; bill of	Office of the Building Official – 2ndFloor	



materials of actual construction signed by Architect or Engineer, if there were new construction /structures already				
Business Permit/DTI Permit/SEC Registration, if there were already business establishments constructed (1 photocopy)		BPLO, DTI, SEC		
` 1 137	Printed colored photograph of latest and actual condition of the property.			
10. Sketch Map of location of property	,	Applicant Applicant		
11. Ocular inspection of the subject prop to 4:00 PM)	perty (every day from 8:30AM to 11:30 AM and 1:00PM	Appraiser and Inspector	s of Assessor's Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit complete requirements to Window 1 to 5	1.1 Receive the required documents and check for completeness and accuracy. 1.2 Issue order of payment	None	2 minutes	Assigned Personnel
2. Pay the required fees showing the Order of Payment at Treasurer Office, Window 8 or 9.	2. Receive the payment and issue the Official Receipt	Processing Fee: Php 25.00 per tax declaration	2 minutes	City Treasurer's assigned personnel
3. Present O.R. to Assessor's office Window 1 to 5	3.1 Accept photocopy of Official Receipt and issue Claim stub	None	2 minutes	Assigned personnel
	3.2 Start processing the request	None	6 days	
	A. Plotting			Engr. Roy Ebio Tax Mapper II and tax mapping personnel
	B. Ocular inspection			Assigned appraisers and inspectors: Engr. Ken
	C. Preparation of ocular inspection report			Dacatimbang LAOO II Engr. Joycell Bawalan LAOO I
	D. Numbering E. Prepare Notice of Cancellation			Records Personnel
	,			Ermily dela Cruz LAOOIV



	F. Approval of Notice of Cancellation			Elmer Camerino Acting City Assessor
	G. Cancellation of Records			Records Personnel
4. Present claim stub to Window 1 to 5.	Release the document requested	None	2 minutes	Secretariat
Fill-out Client Satisfaction Rating Form				
	TOTAL	Php 25.00 per tax	7 days	
		declaration		



CITY CIVIL REGISTRAR'S OFFICE EXTERNAL SERVICES



1. REGISTRATION OF BIRTH, MARRIAGE, AND DEATH CERTIFICATES (TIMELY)

Birth – It's complete expulsion or extraction of a duration of conception from its mother, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidences of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut off or the placenta is still attached; each product of such birth is considered alive.

Marriage – is a special contract of permanent union between a man and a woman entered into in accordance with law of the establishment of conjugal and family life.

Death – is a permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation).

OFFICE OR DIVISION	City Civil Registrar's Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All			
	F REQUIREMENTS		WHERE TO SECURE	
Four (4) copies of birth, marriage, an accomplished correctly and complete		Birth (Hospital, Lying-In C Marriage (Church, Pastor, Death (Hospital and Funer	Judge and Mayor)	
Additional Requirements for Certif	ficate of Death			
Transfer Permit of Cadaver		City Health Office Centers Malagasang, Plaridel Baya		
Entrance Permit of Cadaver		Different Municipalities and Cities		
Exhumation Permit		Building Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present the requirements.	1.1 Interview the client.1.2 Examine and check the documents.	None None	20 minutes	(Birth) Celia M. Sapida Jett S. San Jose Glenn Paul L. Villarosa Ariel Mari C. Camerino Rolly R. Melitante (Marriage) Carolina S. Saria Renato B. Pangilinan Renalyn Q. Topacio (Death) Debbie Jane S. Melo



				Michael R. Miranda
2. Payment of Fees	2. Receive payment.	 Burial Permit – P 500.00 Transfer Permit – P 100.00 Transfer of Ashes - P 100.00 Transfer/exhumation of Cadaver - P100.00 Cremation Permit – P 1,000.00 AUSF – P200.00 	10 minutes (stop time)	City Treasurer's Office
3. Present Official Receipt (OR)	3.1 Registration of document with registry number.	None	5 minutes	(Birth) Celia M. Sapida Jett S. San Jose Glenn Paul L. Villarosa Ariel Mari C. Camerino Rolly R. Melitante (Marriage) Carolina S. Saria Renato B. Pangilinan Renalyn Q. Topacio (Death) Debbie Jane S. Melo Michael R. Miranda
	3.2 Sign the document.	None	5 minutes	Randy Gonzales OIC – Civil Registrar
4. Claim the registered documents.	4. Release the document.	None	5 minutes	CCRO Personnel
Fil-out Client Satisfaction Rating Form				
TOTAL Based on assessment 45 minutes				

NOTE : Additional payment for Certification - Documentary Stamp Tax (P 30.00)



2. ISSUANCE OF CERTIFIED COPIES OF BIRTH, MARRIAGE AND DEATH CERTIFICATES AND OTHER CIVIL REGISTRY DOCUMENTS

OFFICE OR DIVISION	City Civil Registrar's Office	City Civil Registrar's Office		
CLASSIFICATION	Simple	Simple		
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST (OF REQUIREMENTS		WHERE TO SECU	RE
Birth, marriage and death certificate	s and other civil registry documents	City Civil Registrar Off	ice	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Submit request slip. 	1.1 Database/ archive search.	None	10 minutes	Joselito S. Camia
	1.2 leguance of order novement	None		Maricia S. Gonzales Shanielyn H. Ramirez
	1.2 Issuance of order payment.	None		Glenn Paul L. Villarosa
2. Payment of Fees	2. Receive payment.	P 100.00 P30.00	5 minutes	City Treasurer's Office
		(Documentary		
		Stamp Tax)		
3.Present Official Receipt (OR)	3.1 Check and certify the documents.	None	5 minutes	CCRO Personnel
	3.2 Record the OR.	None		CCRO Personnel
				Randy Gonzales
	3.3 Sign the document.			OIC – Civil Registrar
4. Claim the Certified Copy	4. Release the document.	None	5 minutes	CCRO Personnel
	Fill-out Client Satis	faction Rating Form		
	TOTAL	P 130.00	25 minutes	



3. REGISTRATION OF COURT ORDERS (CO)/DECREES AND REQUEST OF ANNOTATED RECORD

The Civil Registry office where the event of the decree/order was registered shall forward a certified true copy of the decision to the office of the Civil Registrar where an event affected was originally registered.

OFFICE OR DIVISION	City Civil Registrar's Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST (OF REQUIREMENTS		WHERE TO SECURE	
Original/certified photo copy of the c	ourt order/decision	Court where he/she can file	order/decision	
Certificate of Finality		Court where he/she can file	order/decision	
Certificate of Authenticity		Court where he/she can file	order/decision	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit complete requirements.	1.1 Check and examine the documents for registration and annotation.1.2 Issuance of order payment.	None None	10 minutes	Cynthia E. Ochosa
2. Payment of fees.	2. Receive payment.	 Annulment - P500.00 Adoption - P 500.00 Correction - P500.00 Certified photocopy of court order (CO) - P100.00 Endorsement - P100.00 Certified photocopy of Annotated Record P130.00 	10 minutes (stop time)	City Treasurer's Office
3. Present Official Receipt.	3.1 Registration of Court Order and Annotation to the Affected Civil Registry Record. 3.2 Prepares certificate of court registration, annotated Civil Registry record and certified photocopy of CO and	None	20 minutes	CCRO Personnel



	endorsement letter to PSA, Sta. Mesa, Manila			
4.1 Claim the Requested Record	4.1 Review, approve and sign the documents.	None	5 minutes	Randy B. Gonzales OIC – City Civil Registrar
4.2 Sign the logbook.	4.2 Record and release court registration.	None	5 minutes	Cynthia E. Ochosa
Fill-out Client Satisfaction Rating Form				
	TOTAL	Based on assessment	50 minutes	

NOTE: Additional payment for Certification - Documentary Stamp Tax (P 30.00)

4. REGISTRATION OF LEGAL INSTRUMENTS/LEGITIMATION OF NATURAL CHILD

Legitimation is a remedy by means of which those who in fact were not born in wedlock and should, therefore, be considered illegitimate, are, by fiction, considered legitimate, it being supposed that they were born when their parents were already validly married.

OFFICE OR DIVISION	City Civil Registrar's Office		
CLASSIFICATION	Simple		
TYPE OF TRANSACTION	G2C – Government to Citizen		
WHO MAY AVAIL THE SERVICE	All		
CHECKLIST O	F REQUIREMENTS	WHERE TO SECURE	
CENOMAR (Certificate of No Marria	ge) of Husband and Wife	Philippine Statistics Authority (PSA)	
Marriage Contract (PSA copy) if not	solemnized in Imus, Cavite	Philippine Statistics Authority (PSA)	
Birth Certificate		City Civil Registrar Office	
Affidavit of Legitimation		City Civil Registrar Office/ Notary Public	
Affidavit of Acknowledgement if father	er is N/A on COLB	City Civil Registrar Office/ Notary Public	
Residence Certificate		City Treasurer's Office	
Appearance of Parents			
Republic Act 9255 - Affidavit to Use	the Surname of the Father (AUSF)	City Civil Registrar Office/ Notary Public	
	dgement, voluntary emancipation/parental	City Civil Registrar Office/ Notary Public	
authorization,			
* all legal instruments executed abroad must be registered at the city civil			
registry office of Manila			



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit complete requirements.	1.1 Check and verify the requirements	None	5 minutes	Celia M. Sapida	
	for registration and annotation.			Ariel Mari C. Camerino	
	1.2 Issuance of order payment.	None			
2. Payment of fees	2. Receive payment.	Legitimation Fee – P 500.00 Certification - P 100.00 Deed of Legitimation - P 100.00 Registration Fee - P 200.00 Affidavit of Acknowledgement - P 200.00	10 minutes (stop time)	City Treasurer's Office	
		 AUSF P200.00 			
3. Present the OR.	3.1 Prepare certificate, endorsement letter and annotate registered documents.	None	20 minutes	CCRO Personnel	
	3.2 Review, approve and sign the documents.	None	5 minutes	Randy B. Gonzales OIC – City Civil Registrar	
4. Claim the document.	4. Release the document	None	5 minutes	CCRO Personnel	
	Fill-out Client Satisfaction Rating Form				
	TOTAL	Based on assessment	45 minutes		

NOTE : Additional payment for Certification - Documentary Stamp Tax (P 30.00)



5. ENDORSEMENT OF REGISTRY RECORDS TO THE CIVIL REGISTRAR-GENERAL

OFFICE OR DIVISION	City Civil Registrar's Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECUR	RE
PSA-Negative Result Certification		Philippine Statistics Aut	hority (PSA)	
Certified true copy/photocopy of Civi	I registry documents	City Civil Registrar Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for an endorsement of his/her record to PSA.	1.1 Database/ Archive search.1.2 Issuance of order payment.	None None	10 minutes	Celia M. Sapida Rolly R. Melitante Jett S. San Jose Ariel Mari C. Camerino Glenn Paul L. Villarosa
2. Payment of fees	2. Receive payment	P 100.00 P 30.00 (Documentary Stamp Tax)	10 minutes (stop time)	City Treasurer's Office
3. Present the Official Receipt (OR)	3.1 Prepare the endorsement letter.3.2 Review and approval.	None None	5 minutes 3 minutes	CCRO Personnel Randy B. Gonzales OIC – City Civil Registrar
4. Claim the endorsement.	4. Release the document	None	2 minutes	CCRO Personnel
		tisfaction Rating From		
	TOTAL		30 minutes	

Note: Mail the documents to Provincial Statistics Office (PSA) follow-up after 5 days to 7 working days by the client.



6. DELAYED AND OUT OF TOWN REGISTRATION OF BIRTH, MARRIAGE AND DEATH CERTIFICATE OF CIVIL REGISTRY RECORDS

A report of vital event made beyond the reglementary period is considered delayed.

OFFICE OR DIVISION	City Civil Registrar's Office	City Civil Registrar's Office			
CLASSIFICATION	Highly-Technical	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECURI	E	
For Birth Certificate:					
Philippine Statistics Authority (PS	A) Negative Result	Philippine Statistics Auth	ority (PSA)		
Affidavit of Two (2) Disinterested	Persons	Notary Public			
Voter's Affidavit		COMELEC			
Baptismal Certificate		Church where he/she ba	ptized		
School Records		School			
Marriage Certificate (if married)		Philippine Statistics Auth	ority (PSA) or Civil Regist	trar Office	
Residence Certificate of Parents		Treasurer's Office			
Medical Records		Hospitals/Clinics			
	For Marriage and Death Certificate:				
Philippine Statistics Authority (PS	A) Negative Result	Philippine Statistics Authority (PSA)			
Affidavit of Delayed Registration		Notary Public			
Affidavit of Two (2) Disinterested		Notary Public			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit complete requirements.	1.1 Interview the client and evaluate the submitted requirements.	None	15 minutes	(Birth) Celia M. Sapida Ariel Mari C. Camerino	
	1.2 Database / Archive search.	None		Jett S. San Jose	
	1.3 Issuance of claim stub.	None		(Marriage) Carolina S. Saria	
	1.4 Process, record, and register the documents	None		(Death) Debbie Jane S. Melo	
	1.5 Issuance of order payment.	None		Michael R. Miranda	
2. Payment of fees.	2. Receive payment.	• P 200.00	10 minutes (stop time)	City Treasurer's Office	



		• P 300.00 - Out of town		
3.1 Present the Official Receipt (OR)	3.1 Approve and sign the documents.	None	3 minutes	Randy B. Gonzales OIC – City Civil Registrar
	3.2 Publication Posting day	None	10 days	
3.2 Present claiming stub and get the document.	3.3 Release the document	None	2 minutes	CCRO Personnel
	Fill-out Client Satis	sfaction Rating Form		
	TOTAL	Based on assessment	10 days and 30	
			minutes	

Note: Out of Town Registration are forwarded to the corresponding towns/cities for registration by the client. Release documents after 10 calendar days. (Administrative Order No. 1 Series of 1993)



7. ISSUANCE OF MARRIAGE LICENSE

A license contains important details of marriage, such as the wedding date and place, and is a formal requirement to marry anywhere in the Philippines. It is proof that your marriage took place and that your partner is your legal spouse.

OFFICE OR DIVISION

City Civil Registrar's Office

OFFICE OR DIVISION	City Civil Registrar's Office	City Civil Registrar's Office			
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST O	F REQUIREMENTS		WHERE TO SECUR	RE	
Certified True/Xerox copy of birth cer	tificate of applicants	Philippine Statistics Auth	ority (PSA) or Civil Regis	strar Office	
Certificate of No Marriage (CENOMA	AR)	Philippine Statistics Auth	ority (PSA)		
Barangay Clearance		Respective Barangay			
Pre-Marriage Counseling Certificate		PopCom Office			
Family Planning Seminar		PopCom Office			
Certificate of Death (if widowed)		Philippine Statistics Auth			
Annotated Certificate of Marriage (if a		Philippine Statistics Offic	e (PSA)		
	pective embassy in the Philippines (if	Respective Embassy			
	foreigner)				
Judicial Decree of absolute divorce (i		Court			
Parental consent (if applicant is 18 ye		City Civil Registrar Office			
Parental Advice (if applicant is 21 year		City Civil Registrar Office			
	es must be a resident of the place where				
the local civil registry office is located					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.1 Submit complete requirements.	1.1 Assess the documents.	None	5 minutes	Carolina S. Saria	
10 577 117 17 17 17	40.5			Renato B. Pangilinan	
1.2 Fill out the application form.	1.2 Receive, review and check the	None	5 minutes	Renalyn Q. Topacio	
(Contracting parties both sign the	accomplished application.				
application form)	4.2 leaveness of audeum aumant	Nana	O mains stop		
	1.3 Issuance of order payment.	None	2 minutes		
2. Payment of fees	2. Receive payment	Application - P	10 minutes	City Treasurer's Office	
		300.00	(stop time)	•	
		 License - P 50.00 			



		Pre-Nuptial Agreement - P 200.00		
3.1 Present the Official Receipt (OR) 3.2 Receive referral stub	3. Issuance of referral stub for Pre Marriage Counselling (PMC) Seminar. (POPDEV Office)	None	3 minutes	CCRO Personnel
	4. Conduct Dro Marriago Courselling	Nene	(atan timas)	Denviotion Development
4. Attend Pre-Marriage Counselling (PMC) Seminar	4. Conduct Pre-Marriage Counselling (PMC) Seminar.	None	(stop time)	Population Development Office
5. Submit PMC Seminar certification	5.1 Receive PMC certificate. Issuance of claim stub.	None	10 minutes	Carolina S. Saria Renato B. Pangilinan
	 5.2 Prepare documents Marriage license application Advice upon intended marriage Consent to marriage of a person underage 	None	5 minutes	
	5.3 Publication Posting Day	None	10 days	
	5.4 Review and sign.	None	5 minutes	Randy B. Gonzales OIC – City Civil Registrar
	5.4 Record in the logbook.	None	5 minutes	CCRO Personnel
6. Present claiming stub and get the license.	6. Release the license.	None	5 minutes	CCRO Personnel
	Fill-out Client Sati	sfaction Rating Form		
	TOTAL	Based on assessment	10 days and 45 minutes	

Note: Release after 10 days publication period. (Administrative Order No. 1 Series of 1993) Additional payment for Certification - Documentary Stamp Tax (P 30.00)



8. MARRIAGE LICENSE VERIFICATION CITY Civil Registrar's Office

OFFICE OR DIVISION	City Civil Registrar's Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
PSA Marriage Contract		Philippine Statistics Au	thority (PSA)		
Letter Request		Client			
Valid ID of the Requestor		Client			
Authorization letter (if the applicant is		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submission of Marriage contract	1.1 Receive Marriage contract and Request	None	3 minutes	Deborah C. Achas	
and Letter Request	Letter			Marianne E. Alcoseba	
	1.2 Issuance of order payment.	None			
2. Payment of Fees	Receive payment	P 100.00	10 minutes	City Treasurer's Office	
		P 30.00	(stop time)		
		(Documentary Stamp			
0.0	0.4.)/ '(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Tax)			
3. Present the Official Receipt (OR)	3.1 Verification of marriage license in the	None	3 days	Deborah C. Achas	
	registry book of application for marriage licenses.				
	3.2 Prepare the certification				
	3.2 i repare the certification				
	3.3 Approval and sign the certification			Randy B. Gonzales	
	o.o Approval and sign the continuation			OIC – City Civil Registrar	
4. Claim the document	4.1a Issue certification of no record if the	None	2 minutes	Marianne E. Alcoseba	
	verified license is not in the registry book.				
	,				
	4.1b Issue certification if has record in the				
	registry book.				
	4.2 Record in the logbook.	None	5 minutes		
	Fill-out Client Satisfac	tion Rating Form			
	TOTAL		3 days and		
			20 minutes		



9. PROCESSING OF PETITION FOR CHANGE OF FIRST NAME (CFN) AND CORRECTION OF CLERICAL ERROR/S (CCE) PURSUANT TO REPUBLIC ACT NO. 9048 (DIRECT OR MIGRANT)

OFFICE OR DIVISION	City Civil Registrar's Office					
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2C – Government to Citizen					
WHO MAY AVAIL THE SERVICE	All					
CHECKLIST O	F REQUIREMENTS	WHERE TO SECURE				
Petition for Change of First Name	Petition for Change of First Name					
PSA & CCR copies of Birth Certificat	te	Philippine Statistics Authority (PSA)				
Baptismal Certificate		Church				
School records or medical records		School				
Marriage Contract, if applicable		Philippine Statistics Authority (PSA)				
Birth Certificates of children, if applic	able	Philippine Statistics Authority (PSA)				
Barangay Clearance		Barangay				
NBI Clearance		NBI Offices				
Police Clearance		Police				
Clearance or Certificate of no pend	ling administrative or criminal case from	Employer/Notary Public				
employment (affidavit of non-employ	ment if not employed)					
Affidavit of Discrepancy		Notary Public				
Valid IDs		Client				
Affidavit of publication with newspape		Publishing Company				
		eeks in a newspaper of general circulation.				
		Photocopies of each document (if migrant)				
Note: Transmittal of Petition to PSA	<u>/concerned Local Civil Registrar. Follow -u</u>	p after 2 months.				
	Errors in Middle Name, Last Name and o					
PSA & CCR copies of document to b	pe corrected	Philippine Statistics Authority (PSA)				
Baptismal Certificate		Church				
Birth Certificate of Mother/Father		Philippine Statistics Authority (PSA)				
Marriage Contract of Parents,(if applicable)		Philippine Statistics Authority (PSA)				
Birth Certificates of brothers and sisters,(if applicable)		Philippine Statistics Authority (PSA)				
Birth Certificates of children, (if applied	cable)	Philippine Statistics Authority (PSA)				
Marriage Contract (if married)		Philippine Statistics Authority (PSA)				
Affidavit of Discrepancy		Notary Public				
Valid IDs		client				
Note: Three (3) Photocopies of each	document (if registered in Imus), Four (4)	Photocopies of each document (if migrant)				



Note: Transmittal of Petition to F	Note: Transmittal of Petition to PSA/concerned Local Civil Registrar. Follow –up after 2 months.				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
File and submit required petition.	1. 1 Checking of submitted supporting documents 1.2 Issuance of order payment	None	5 minutes	Deborah C. Achas Marianne E. Alcoseba Michael I. Caguyong	
Payment of fees Present the OR	2. Receive payment	Petition for CFN - P3,000.00 Petition for CCE - P1,000.00 Migrant Petition for CCE - P1,000.00	10 minutes (stop time)	City Treasurer's Office	
Present the OK		CFN - P1,000.00 • Migrant Petition for CCE - P500.00			
3. Present the Official Receipt (OR)	3.1 Prepares petition and ask the petitioner to sign	None	30 minutes	Deborah C. Achas Marianne E. Alcoseba Michael I. Caguyong	
	3.2 Give the petitioner a stub as to how and when to follow up the petition	None	15 minutes		
	3.3 Signing of Approved petition by the Civil Registrar	None	5 minutes	Randy B. Gonzales OIC – City Civil Registrar	
	3.4 Publication for CFN and posting for clerical error	None	10 days	Publishing Company	
		sfaction Rating Form	40.1 41 .1		
	TOTAL	Based on assessment	10 days, 1 hour and 5 minutes		

Note : Additional payment for Certification - Documentary Stamp Tax (P 30.00)



10. PROCESSING OF PETITION FOR CORRECTION OF CLERICAL/TYPOGRAPHICAL ERRORS IN MONTH AND DATE OF BIRTH AND SEX OF A PERSON APPEARING IN CERTIFICATE OF LIVE BIRTH PURSUANT TO REPUBLIC ACT No. 10172) (DIRECT OR MIGRANT)

OFFICE OR DIVISION	City Civil Registrar's Office	OBEIO AOT NO. 10172) (BIRCOT OR MIORANT)			
CLASSIFICATION	Highly-Technical				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE					
	OF REQUIREMENTS	WHERE TO SECURE			
Petition for Correction of Clerical		WHERE TO SECURE			
PSA & CCR copies of Birth Certifica		Philippine Statistics			
OA & OOK copies of birtil Certifica		Authority (PSA)			
Baptismal Certificate		Baptismal			
School Records/Medical Records/Ce	ertificates	School			
Barangay Clearance		Barangay			
NBI Clearance		NBI Offices			
Police Clearance		Police			
Clearance Certificate of no pendi	ing administrative or criminal case from	Notary Public			
employment (affidavit of non-employ					
Affidavit of Discrepancy/Two Disinte		Notary Public			
Marriage Contract (if married)		Philippine Statistics			
,		Authority (PSA)			
Valid IDs		Client			
Affidavit of publisher with newspaper		Publishing Company			
	east once a week for two (2) consecutive wee	eks in a newspaper of general circulation.			
Note: Three (3) Photocopies of each					
	√concerned Local Civil Registrar. Follow –up	after 2 months.			
Petition for Correction of Child's S					
PSA & CCR copies of Birth Certifica	te	Philippine Statistics Authority (PSA)			
Baptismal Certificate		Church			
School records		School			
Medical records		Hospitals and Clinics			
Barangay Clearance		Barangay			
NBI Clearance		NBI Offices			
Police Clearance		Police			
	ing administrative or criminal case from	Notary Public			
employment (affidavit of non-employ	ment if not employed)				



City Health Office
Philippine Statistics
Authority (PSA)
Client
Notary Public
Publishing Company

Note: Subject for publication for at least once a week for two (2) consecutive weeks in a newspaper of general circulation.

Note: Three (3) Photocopies of each document

Note: Transmittal of Petition to PSA/concerned Local Civil Registrar. Follow –up after 2 months for the result and decision of the OCRG Note: Transmittal of Certificate of Finality and annotated civil registry document to PSA Regional Office for final annotation.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. File and submit required petition.	1.1 Checking of submitted supporting	None	5 minutes	Deborah Achas
	documents			Marian E. Alcoseba
	1.2 Issuance of order payment	None		Michael I. Caguyong
2. Payment of fees.	Receive payment.	Petition for CCE RA	10 minutes	City Treasurer's Office
		10172 P3,000.00	(stop time)	
		 Migrant Petition for 		
		CCE RA 10172		
		P1,000.00		
3. Present the Official Receipt	3.1 Prepares petition and ask the	None	20 minutes	Deborah Achas
	petitioner to sign			Marian E. Alcoseba
	3.2 Give the petitioner a stub as to how	None		Deborah Achas
	and when to follow up the petition			Marian E. Alcoseba
	3.3 Review and sign the petition	None		Randy B. Gonzales
				OIC - City Civil Registrar
	3.4 Publication for CCE under R.A.	None		Publishing Company
	10172 and posting for clerical error			
	Fill-out Client Satis	faction Rating Form		
	TOTAL	Based on assessment	35 minutes	

Note: Additional payment for Certification - Documentary Stamp Tax (P 30.00)



11. REGISTRATION OF FOUNDLING/ABANDONED CHILDREN

Foundling is a deserted or abandoned infant or a child found, with parents, guardian, orphanage or charitable or similar institution with unknown facts of birth and parentage.

on and paromage.							
OFFICE OR DIVISION	City Civil Registrar's Office						
CLASSIFICATION	Simple						
TYPE OF TRANSACTION	G2C – Government to Citizen						
WHO MAY AVAIL THE SERVICE All							
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE					
Duly accomplished certificate of Foundling		DSWD					
Police Report		Police					
Affidavit of finder stating the facts and circumstances surrounding the finding of the		Notary Public					
child							
Barangay Report		Barangay					
DSWD Certificate		DSWD					
Certificate of Foundling		DSWD					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE			
Submit requirements.	1.1 Receive and evaluate the documents.	None	5 minutes	Debbie Jane S. Melo			
				Michael R. Miranda			
	1.2 Check and sign for approval.	None		Randy B. Gonzales			
				OIC – City Civil Registrar			
2. Claim the document	Register and Release the document.	None	5 minutes	Randy B. Gonzales			
				OIC – City Civil Registrar			
Fill-out Client Satisfaction Rating Form							
	TOTAL	None	10 minutes				



12. REGISTRATION OF SUPPLEMENTAL REPORT

The Supplemental Report may be filed by the parent/guardian or the party concerned, if of age, who shall execute an affidavit indicating the entry/ies missed in the registration and the reason/s why there was a failure in supplying the required entry.

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OFFICE OR DIVISION	City Civil Registrar's Office					
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2C – Government to Citizen					
WHO MAY AVAIL THE SERVICE	All					
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE				
Affidavit for Supplemental Report		Notary Public				
PSA Birth Certificate/Death Certificate/Marriage Certificate		Philippine Statistics Authority (PSA)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit complete requirements.	1.1 Check and verify the requirements	None	5 minutes	Celia M. Sapida		
				Jett S. San Jose		
	1.2 Issuance of order payment					
2. Payment of fees.	Receive payment	P 200.00	10 minutes	City Treasurer's Office		
			(stop time)			
3. Present Official Receipt (OR)	3.1 Prepare supplemental report and	None	10 minutes	CCRO Personnel		
	endorsement letter.					
	3.2 Review and sign the documents.	None		Randy B. Gonzales		
	3.2 Neview and sign the documents.	None		OIC – City Civil Registrar		
				Old – City Civil Negistial		
	3.3 Sort and file the supplemental report.	None		Celia M. Sapida		
4. Claim the document.	4. Release the document.	None	5 minutes	CCRO Personnel		
Fill-out Client Satisfaction Rating Form						
TOTAL P 200.00 30 minutes						



13. ISSUACE OF AUTHENTICATED CIVIL REGISTRY DOCUMENTS SUCH AS BIRTH, MARRIAGE, DEATH CERTIFICATE AND CERTIFICATE OF NO MARRIAGE (CENOMAR)

The PSA is mandated by law to keep and preserve the birth, marriage, and death certificates of a Filipino citizen. These certificates are the bases for establishing the legal status of each and every Filipino.

obtabiliting the logar states of each a						
OFFICE OR DIVISION	City Civil Registrar's Office					
CLASSIFICATION	Simple	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen					
WHO MAY AVAIL THE SERVICE	All					
CHECKLIST O	F REQUIREMENTS		WHERE TO SECUR	RE		
Birth, Marriage and Death Certificate		Philippine Statistics Authority (PSA)				
Certificate of No Marriage (CENOMA	NR)	Philippine Statistics Authority (PSA)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit Philippines Statistics Authority (PSA) form.	1.1 Check if information is complete and readable.	None	8 minutes	Maricia S. Gonzales Shanielyn H. Ramirez Joselito S. Camia		
	1.2 Issuance of order payment.	None		21. 7		
2. Payment of fees.	2. Receive of payment.	 City - P100.00 PSA - Birth, Marriage and Death - P155 CENOMAR - P 210 	10 minutes (stop time)	City Treasurer's Office		
3.1 Present the Official Receipt (OR)	3. Release the document	None	2 minutes	Maricia S. Gonzales Shanielyn H. Ramirez Joselito S. Camia		
3.2 Present the Claim Stub	Fill and Official Oct	Lafation Dation Fam.				
	Fill-out Client Satisfaction Rating Form					
N. D. L. C. C. L. DOA	TOTAL	Based on assessment	20 minutes			

Note: Release after 2 to 3 weeks PSA copy.



PERSONS WITH DISABILITY AFFAIRS OFFICE (PDAO) EXTERNAL SERVICE



1. APPLICATION OF PERSONS WITH DISABILITY (PWD) IDENTIFICATION CARDS AND PURCHASE BOOKLETS

The office in compliance with the Republic Act 7277 (Magna Carta for Disabled Persons) is mandated to provide assistance to persons with disabilities in the City of Imus. And to maintain and regularly update the list of PWDs and issue individual PWD identification cards and purchase booklets;

OFFICE OR DIVISION	Persons with Disability Affairs Office (PDAO)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizens
WHO MAY AVAIL THE SERVICE	All Qualified and Registered Persons with Disability who are Residents of the City Of Imus. The specified beneficiaries are as
	follows:
	The Department of Health updated and issued Administrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy on the Unified Registrative Order No. 2013-0005 entitled "National Policy Order No. 2013-0005
	Systems of the Department of Health." The revised Philippine Registry for PWDs Version 4 now enumerated the following types of
	disability:
	• Deaf or Hard of Hearing – refers to people with hearing loss, implies little or no hearing/ranging from mild to severe hearing loss
	also known as hearing impairment means the complete or partial loss of the ability to hear from one or both ears with 26dB of greater threshold, averaged at frequencies '0.5, 1, 2, 4 kilohertz;
	 Intellectual Disability – a significantly reduced ability to understand new or complex information and to learn and apply new
	skills.
	• Learning Disability - persons who, although normal in sensory, emotional, and intellectual abilities, exhibit disorders in
	perception, listening, thinking, writing, spelling and arithmetic.
	Mental Disability – disability resulting from organic brain syndrome and or mental illness (psychotic or non-psychotic disorders)
	• Physical Disability – is a restriction of ability due to too any physical impairments that affect a person's mobility, function
	endurance, or stamina to sustained prolong physical ability, dexterity to perform tasks skillfully, and quality of life. Causes ma
	be hereditary or acquired from trauma, infection, surgical or medical condition, and include the following disorders, namely:
	Musculoskeletal or orthopedic disorders (2) Neurological disorders (3) cardiopulmonary diseases (4) Pediatric and congenita
	disorders.
	 Psychosocial Disability – any acquired behavioral, cognitive, emotional, or social impairment that limits one or more activitie necessary to effective interpersonal transactions and other civilizing processes or activities to daily living such as but not limite
	to deviancy or anti-social behavior.
	 Speech and Language Impairment – one or more speech/language disorders of voice, articulation, rhythm, and/or the receptive
	and expressive processes of language;
	Visual Disability – a person with a visual disability (impairment) is one who has impairment of visual functioning even after the control of the contro
	treatment and, or standard refractive correction and has visual acuity in the better eye of less than 6/18 for low vision and 3/60 for
	the blind, or a visual field of fewer than 10 degrees from the point of fixation. A certain level of visual impairment is defined a
	legal blindness. One is legally blind when your best-corrected central visual acuity in your better eye is 6/50 or worse or your sid
	vision is,20 degrees or less in the better eye;



- Cancer (RA 11515) refers to the genetic term for a large group of diseases that can affect any part o the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which then invade adjoining parts of the body and spread to other organs;
- Rare Disease (RA 10747) refers to disorders such as inherited metabolic disorders and other diseases with similar rare occurrences as recognized by the DOH upon recommendation of the NIH but excluding catastrophic (i.e. life-threatening, seriously debilitating, or serious and chronic) forms of more frequently occurring diseases.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For Application of NEW PWD Identification Card	
Duly accomplished Application Form	PDAO
Two (2) pcs. 1x1 ID picture	Client
Recent Certificate of Disability (indicating the disability due to illness)	Registered Doctor (SPECIALIZED in the disability) /
	City Health Officer – Imus (for APPARENT DISABILITY ONLY)
Barangay Clearance (if PWD is minor, Barangay Clearance under the	Client's Respective Punong Barangay's Office
name of PARENT or GUARDIAN)	
Blood Type (optional)	Client
Presence with an apparent disability	Client
Affidavit of Guardianship if the contact person or guardian is not an	Client
immediate family of patient	
For RENEWAL of PWD Identification Card	
Duly accomplished Application Form	PDAO
Two (2) pcs. 1x1 ID picture	Client
Updated Certificate of Disability (indicating the disability due to illness)	Registered Doctor (SPECIALIZED in the disability) /
	City Health Officer – Imus (for APPARENT DISABILITY ONLY)
Barangay Clearance (if PWD is minor, Barangay Clearance under the	Client's Respective Punong Barangay's Office
name of PARENT or GUARDIAN)	
Blood Type (optional)	Client
Presence with an apparent disability	Client
For Replacement of LOST PWD Identification Card	
Duly accomplished Application Form	PDAO
Two (2) pcs. 1x1 ID picture	Client
Notarized Affidavit of Loss	Notary Public
Barangay Clearance (if PWD is minor, Barangay Clearance under the	Client's Respective Punong Barangay's Office
name of PARENT or GUARDIAN)	
For Replacement of DAMAGED PWD Identification Card	



Duly accomplished Application Form	n	PDAO				
Two (2) pcs. 1x1 ID picture	Two (2) pcs. 1x1 ID picture		Client			
Notarized Affidavit of Mutilation		Notary Public				
Barangay Clearance (if PWD is mine	or, Barangay Clearance under the	Client's Respective Punong Bara	ngay's Office			
name of PARENT or GUARDIAN)						
For Correction of Discrepancy on		<u></u>				
Duly accomplished Application Form	n	PDAO				
Two (2) pcs. 1x1 ID picture		Client				
Notarized Affidavit of Discrepancy		Notary Public				
Barangay Clearance (if PWD is mine	or, Barangay Clearance under the	Client's Respective Punong Barar	ngay's Office			
name of PARENT or GUARDIAN) CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Submit the requirements	1.1 Verify and approve the	None	2 minutes	Mary Ann S. Saniel;		
1. Submit the requirements	submitted requirements.	None	2 minutes	Richard A. Camama		
	Submitted requirements.			Michard A. Garriania		
	1.2 Encoding of client information	None	3 minutes	Jacquelyn C. Silla		
	to PRPWD.					
	1.3 Process the request	None	6 minutes	Joerella L. Castillo;		
	1.5 Flocess the request	None	Offiliates	Marian Nicole C. Delizo;		
				Jacquelyn C. Silla		
2. Receive the PWD ID and booklet	2.1 Brief orientation on the use of	None	1 minute	Joerella L. Castillo;		
	PWD ID			Marian Nicole C. Delizo;		
				Jacquelyn C. Silla		
	2.2 Release the PWD ID with PWD	None	1 minute	Joerella L. Castillo;		
	Booklet			Marian Nicole C. Delizo;		
				Jacquelyn C. Silla		
		Client Satisfaction Rating Form	40			
	TOTAL	None	13 minutes			



2. APPLICATION FOR FINANCIAL ASSISTANCE

The office in compliance with the Republic Act 7277 (Magna Carta for Disabled Persons) is mandated to provide assistance to the persons with disabilities in the City of Imus. And design and implement yearly work programs and projects in accordance with R.A. 7277 (Magna Carta for Disabled Persons), Batas Pambansa 344 (Accessibility Law) and the UN Convention on the Rights of PWDs (UNCRPD); Advocate for equal opportunity and accessibility of PWDs the programs for education, employment, health, socio-cultural and sports development.

OFFICE OR DIVISION	Persons with Disability Affairs Office (PDAO)					
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2C - Government to Citizens					
WHO MAY AVAIL THE SERVICE	All Qualified and Registered Persons wit	All Qualified and Registered Persons with Disability that are residents in the City Of Imus				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE				
For Medical Assistance						
MEDICAL ASSISTANCE)	y iNDIGENCY of claimant (purpose of	Clients Respective Punong Barangay's Office				
Original COMELEC Certificate under t	he name of the claimant	COMELEC Office in the City of Imus				
Photocopy of claimant's ID (Back-to-ba	ack)	Client				
Photocopy of PWD ID (Back-to-back)		Client				
Original or Certified True Copy of the Medical Certificate/Clinical Abstract of the PWD (with License Number of the Doctor)		Registered Doctor (specializedin the disability / City Health Officer - Imus				
For Educational Assistance (upon a						
Original School Certificate of Enrollme		Respective Schools where the PWD is enrolled				
ASSISTANCE	the claimant purpose of EDUCATIONAL	Clients Respective Punong Barangay's Office				
Original COMELEC Certificate under t		COMELEC Office in the City of Imus				
Photocopy of claimant's ID (Back-to-ba	nck)	Client				
Photocopy of PWD ID (Back-to-back)		Client				
For Mobility/Wheelchair Assistance						
Whole Body Picture of the PWD ben disability is recognizable	eficiary, in any size, where the apparent	Client				



Barangay Indigency, under the name of the claimant purpose of WHEELCHAIR ASSISTANCE		Clients Respective Barangay Captain's Office		
Original COMELEC Certificate unde	r the name of the claimant	COMELEC Office in the City	y of Imus	
Photocopy of claimant's ID		Client		
Photocopy of PWD ID		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the requirements with filled out PDAO Assistance Assessment form	1.1 Review, Interview, Received and Checked the requirements	None	3 minutes	Mariane Nicole C. Delizo Joerella C. Castillo
	1.2 Assess and Approve the requirements	None	2 minutes	Mary Ann S. Saniel Richard A. Camama
	1.3 Assessment and E-Registration of the social worker from the Office of the Aksyon Center and Prepare Transaction Slip.	None	5 minutes	Social Worker from the office of Aksyon Center
Disbursement Voucher	2. Verify account and let the client sign to Intake Sheet	None		Joerella C. Castillo
3. Proceed to Treasury Department for the release and claim of cash assistance	3. Release financial assistance.	None	1 minute	City Treasurer's Office
	Fill-out Client Sa	itisfaction Rating Form	1	,
	TOTAL	None		



OFFICE OF THE SENIOR CITIZENS AFFAIRS EXTERNAL SERVICES



1. OSCA ID ISSUANCE

The Office of the Senior Citizens Affairs (OSCA) issues OSCA ID to a senior citizen aged 60 and up to avail of the privileges and benefits from the local and national government.

national government.					
OFFICE OR DIVISION	Office of the Senior Citizens Affairs				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	Filipino Citizen, Resident of Imus City, 60 years old and above. (For Dual Citizens-proof of Filipino Citizenship and				
	Residency of at least 6 months).				
CHECKLIST O	F REQUIREMENTS	WHERE TO SECURE			
New Applicant:					
Duly Accomplished Application Form		OSCA Office / Downloadable Forms from OSCA Website			
Birth Certificate/Marriage Contract with		Local Civil Registrar/Philippines Statistic Authority, Client			
Passport (NOT EXPIRED) - Photocopy					
Latest 1X1 ID Picture (White Backgrou	nd) - 2 pcs.	Client			
Certificate of Residency		Barangay Hall			
Voter's Certificate (issued from 2022 u	p to present) - photocopy	Commission on Election (COMELEC)			
*For DUAL CITIZEN – Photocopy of O	ath of Allegiance/Naturalization	Department of Foreign Affairs / Philippine Embassy, Client			
Lost ID:					
Latest 1X1 ID Picture (White Backgrou		Client			
Voter's Certificate (issued from 2022 up to present) - photocopy		Commission on Election (COMELEC)			
Affidavit of Loss		Notary Public			
Transfer from Other City/Municipalit	y:				
OSCA ID and Certificate of Cancellation	n from the City/Municipality of Origin –	OSCA Office (of Origin), Client			
Original and Photocopy					
Certificate of Residency		Barangay Hall			
Voter's Certificate (issued from 2022 u		Commission on Election (COMELEC)			
Latest 1X1 ID Picture (White Backgrou	nd) - 2 pcs.	Client			
Updating of:					
Name					
OSCA ID – Original and Photocopy		OSCA Office, Client			
Birth Certificate/Marriage Contract		Local Civil Registrar/Philippines Statistic Authority, Client			
Latest 1X1 ID Picture (White Backgrou	nd) - 2 pcs.	Client			
Birthday					
OSCA ID – Original and Photocopy		OSCA Office, Client			
Birth Certificate/Marriage Contract		Local Civil Registrar/Philippines Statistic Authority, Client			

IMUS

Latest 1X1 ID Picture (White Bac	kground) - 2 pcs.	Client		
Address				
OSCA ID - Original and Photoco	ру	OSCA Office, Client		
Certificate of Residency		Barangay Hall		
Latest 1X1 ID Picture (White Bac	kground) - 2 pcs.	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit Application Form with complete requirements (Walk- In Application)	1.1 Verify requirements	None	10 minutes	Eliana Janica Llagas Venditta Gasic
	1.2 Typing information on OSCA ID	None	3 minutes	Gina Fe Gabriel, Jay Anne I. Cinco
2. Receive OSCA ID	2. Issue OSCA ID	None	1 minute	Eliana Janica Llagas Venditta Gasic
	Fill out Client Satisfac	ction Rating Form		-
	TOTAL	None	14 minutes	

1.2 OSCA ID ISSUANCE (ONLINE APPLICATION)

2 OOGA ID IOOGANGE (CINEINE AT LEIGATION)					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Fill out Online Form and	1.1 Verify the filled-out online form and	None	5 minutes	Kristina Lea Monzon	
submit complete requirements via email. (Online Application)	requirements. 1.2 Typing information on OSCA ID	None	3 minutes	Gina Fe Gabriel, Jay Anne Cinco	
	1.3 Advice client via e-mail on the schedule of date of issuance of OSCA ID.	None	2 minutes	Kristina Lea Monzon	
2. Receive OSCA ID	2. Issue OSCA ID.	None	1 minutes	Eliana Janica Llagas	
	Fill out Client Satisfact	tion Rating Form			
	TOTAL	None	11 minutes		



2. BOOKLET ISSUANCE

The Office of the Senior Citizens Affairs (OSCA) issues a Booklet to a senior citizen aged 60 and up to avail of the privileges and benefits from the local and national government.

national government.				
OFFICE OR DIVISION	Office of the Senior Citizens Affairs			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	Registered Senior Citizen of City of Imus.			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECUR	RE
OSCA Identification Card		OSCA Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present OSCA ID	Verify and log OSCA ID	None	3 minutes	Ernesto Bandilla
2. Receive Booklet	2. Release Booklet	None	2 minutes	Ernesto Bandilla
Fill out Client Satisfaction Rating Form				
TOTAL None 5 minutes				



3. BURIAL ASSISTANCE FOR SENIOR CITIZENS OF IMUS CITY

Financial Assistance to the surviving relative of the deceased Senior Citizen.

OFFICE OR DIVISION	Office of the Senior Citizens Affairs				
CLASSIFICATION	Highly Technical				
TYPE OF TRANSACTION	G2C – Government to Citizens				
WHO MAY AVAIL THE SERVICE	The nearest surviving relative who took care of the deceased senior citizen until death; The nearest relative who is the				
		e Death Certificate of the	e deceased senior citizer		
	F REQUIREMENTS		WHERE TO SECUR		
Certified True Copy of Death Certificate	e of the deceased Senior Citizen	City Civil Registrar's O Center	ffice, Upper Ground Floc	or, Imus City Government	
Photocopy of OSCA ID of the decease	d Senior Citizen (Imus Issued)	Client			
Photocopy of Any Valid Government ID back)	, , ,	Client			
COMELEC Certificate of Claimant (Imu	s Voter)	Commission on Electic	on (COMELEC)		
Barangay Certificate of Claimant		Respective Barangay			
Birth Certificate or Marriage Contract if	claimant is not the informant	Local Civil Registrar/Philippines Statistic Authority, Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit complete documents.	1.1 Receive and verify the documents	None	8 minutes	Venditta Gasic	
	1.2 Process the voucher	None	5 days	Gencil Ramos, Various Offices	
	1.3 Advise for the availability of cash via text message	None	2 minutes	Gencil Ramos	
2. Receive cash	2. Release cash assistance.	None	2 minutes	Office of the City Treasurer	
	Fill out Client Satisfac	tion Rating Form	1		
TOTAL None 5 days and 12 minutes					

NOTE: Time varies depending on the availability of budget and processing of voucher



4. PHILHEALTH MEMBERSHIP APPLICATION

The Office of the Senior Citizens Affairs helps the senior citizens in processing their PhilHealth ID and Members Data Record (MDR).

OFFICE OR DIVISION	Office of the Senior Citizens Affairs					
CLASSIFICATION	Highly Technical					
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G - Govern	ment to Government				
WHO MAY AVAIL THE SERVICE	All Senior Citizens in the City of Imus					
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E			
PhilHealth Application Form		OSCA Office/PHILHE	ALTH Office/Downloada	able Forms from		
		OSCA/Philhealth web	osite			
OSCA ID (photocopy)		OSCA Office, Client				
Latest 1X1 ID Picture (1 pc)		Client				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Submit Application Form with the	1.1 Receive and verify the documents	None	8 minutes	Eliana Janica Llagas		
required documents						
	1.2 Forward documents to PHILHEALTH	None	2 hours	Stephen L. Soriano		
	office for processing					
	1.3 Processing in PhilHealth	None	(stop time)	PhilHealth – Imus		
2 Passive Philhealth ID and MDP	2. Issuance of PHILHEALTH ID and MDR	None	2 minutes	Eliana Janica Llagas		
from OSCA Office	2. ISSUATION OF FITTELLIAL ITTID AND WIDE	INOTIC	2 IIIII10169	Liialia Jaliica Liayas		
Hom OSCA Office	Fill-out Client Satisfaction Rating Form					
	TOTAL	None	2 hours and 10			
	IOIAL	None	minutes			
			ากกนเธอ			

NOTE: Processing and Releasing of MDR/ID depends on action of Philhealth Branch



5. AMBULATORY CARE

This type of service is to aid our senior citizens who are physically injured or incapacitated due to illness, and unable to perform their duties without the aid of a wheelchair or cane.

[
Highly Technical			
Senior Citizens who are physically injured or	incapacitated due to ill	ness, and unable to perfo	orm their duties without the aid
of a wheelchair or cane.			
OF REQUIREMENTS		WHERE TO SECU	IRE
	OSCA Office, Client		
	Commission on Elect	tion (COMELEC)	
	City Health Office		
	Barangay Hall		
	Client		
AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Receive and verify requirements	None	8 minutes	Gina Gabriel
1.2 Process the voucher	None	5 days	Gina Gabriel
1.21 Todass the voderici	None	o days	Various Offices
			74645 6655
1.3 Advice the client	None	2 minutes	Gina Gabriel
2. Deliver the wheelchair/cane	None	1 day	Gina Gabriel
		Ž	Stephen L. Soriano
			IMUSCAI President
			OSCA Chairman
Fill out Client Satisfac	tion Rating Form		
TOTAL	None	6 days and 10	
		minutes	
	G2C – Government to Citizen Senior Citizens who are physically injured or of a wheelchair or cane. OF REQUIREMENTS AGENCY ACTION 1.1 Receive and verify requirements 1.2 Process the voucher 1.3 Advice the client 2. Deliver the wheelchair/cane Fill out Client Satisface	Highly Technical G2C – Government to Citizen Senior Citizens who are physically injured or incapacitated due to illi of a wheelchair or cane. OF REQUIREMENTS OSCA Office, Client Commission on Elect City Health Office Barangay Hall Client AGENCY ACTION FEES TO BE PAID 1.1 Receive and verify requirements None 1.2 Process the voucher None 1.3 Advice the client None Pill out Client Satisfaction Rating Form	Highly Technical G2C - Government to Citizen Senior Citizens who are physically injured or incapacitated due to illness, and unable to perform of a wheelchair or cane. OF REQUIREMENTS OSCA Office, Client Commission on Election (COMELEC) City Health Office Barangay Hall Client AGENCY ACTION FEES TO BE PAID 1.1 Receive and verify requirements None 1.2 Process the voucher None S days 1.3 Advice the client None Processing Time None 1 day Fill out Client Satisfaction Rating Form TOTAL None 6 days and 10

NOTE: Time varies depending on the availability of budget and processing of voucher.



6. CENTENARIAN ACT

CITIZEN'S CHARTER

This program is to provide a grant to a Senior Citizen who reaches the age of 100 years old. This is in line with the National Program to recognize a 100-year-old senior citizen.

OFFICE OR DIVISION	Office of the Senior Citizens Affairs			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	Senior Citizen who reaches the age of 100 ye	ears old		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Birth Certificate (PSA Copy)		Philippine Statistics Au	thority (PSA)	
Certified by the City Civil Registrar		Local Civil Registrar		
Birth Certificate of child/children (if n	narried) (PSA Copy)	Philippine Statistics Au	thority (PSA)	
Certified by the City Civil Registrar		Local Civil Registrar		
Marriage Contract (if married) (PSA	Copy)	Philippine Statistics Au	thority (PSA)	
Voter's ID, COMELEC Certification		COMELEC, Client		
Biometrics Registration		OSCA		
Registered Member of the Imus Mur	nicipal Senior Citizen Association	IMUSCAI		
Incorporated (IMUSCAI)				
	a Certificate of Late Registration will be	Notary Public		
	(2) witnesses of almost the same age, or			
few years younger, proving the birth	of the Centenarian.			
	ens Organization, or Barangay Council	HOA, IMUSCAI, Baran		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Submit complete documents. 	1.1 Receive and verify the documents	None	8 minutes	Gencil Ramos;
				Luzviminda Elbinias
	100	.,		0 115
	1.2 Process the voucher	None	5 days	Gencil Ramos
				Various Offices
	1.2 Advise the client on the delivery of the	None	2 minutes	Gencil Ramos
	1.3 Advise the client on the delivery of the	None	Z minutes	Gendi Ramos
O. Consume the search	grant.	Niere	4 -1	Oit Maria
2. Secure the cash	2. Deliver grant to the Centenarian in his/her	None	1 day	City Mayor,
	home Received cash to be delivered.	tion Dating Form		OSCA Chairman
	Fill out Client Satisfac		6 days and 10	
	TOTAL	None	6 days and 10 minutes	
NOTE Time in the district of	availability of hudget and processing of yough	l	IIIIIules	

NOTE: Time varies depending on the availability of budget and processing of voucher



7. SOCIAL PENSION

Social Pension for indigent Senior Citizens is an additional government assistance to augment indigent senior citizens' daily subsistence and other medical needs.

OFFICE OR DIVISION	Office of the Senior Citizens Affairs			
CLASSIFICATION	lighly Technical			
	G2C – Government to Citizens, G2G- Gove			
	ndigent Senior Citizens of City of Imus (me	ember or non- member of	Imus Municipal Senior Ci	tizen Association
	ncorporated (IMUSCAI)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application Form		OSCA Office, Association	n President	
OSCA ID		OSCA Office, Client		
Latest 1X1 ID Picture (White Backgrou	ınd) - 1 pc.	Client		
Medical Abstract / Medical Certificate /	Latest Prescription	Hospitals, City Health Of	fice	
Printed whole-body photo		Client		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1 Submit application form with requirements to Association President		None	10 minutes	Association Presidents
	1.2 Receive and evaluate the requirements submitted by the Association Presidents.	None	10 minutes	Joan Claire Rosido
2. Applicants interview	2.1 Interview and evaluate the applicant. (House-to-house assessment.)	None	20 minutes	Joan Claire Rosido Venditta Gasic
	2.2 Encode qualified Social Pension beneficiaries to be submitted to DSWD Regional Office	None	3 days	Joan Claire Rosido DSWD Region
	2.3 Receive final list of Social Pension Beneficiaries from DSWD Regional Office		(stop time)	DSWD Region



	TOTAL	None	6 days and 40 minutes	
	Fill out Client Satisf	action Rating Form		
3. Receive cash	3. Distribution of Social Pension	None	3 days	Joan Claire Rosido' Venditta C. Gasic' IMUSCAI Officers' DSWD Region IV-A Staff
		A.1	<u> </u>	

NOTE: Distribution depends on the scheduled date from DSWD Regional Office



8. SENIOR CITIZENS SUBSIDY (CASH GIFT) APPLICATION

The Senior Citizens Subsidy Program is a program to provide cash assistance to a Senior Citizen and an increase in subsidy to a Nonagenarian (aged 90-99). It is given on the Senior Citizen's birthday.

This subsidy is a privilege for a Senior Citizen who is a resident for at least two (2) years and an active voter of City of Imus (Ordinance No. 05-209 Series of 2023). A Senior Citizen can also be qualified whether he/she is an active member of a Senior Citizens Association or not.

,	lalified whether ne/sne is an active member		Clation of flot.	
OFFICE OR DIVISION	Office of the Senior Citizens Affairs Extens	ion Office – Old City Hall		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	Senior Citizens who are 60 years old and a	bove, and Nonagenarians	(90-99) who met the crit	eria or requirements set by
	City Government of Imus.	_		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OSCA ID – photocopy		OSCA Office, Client		
Certificate of Residency		Barangay Hall		
Voter's Certificate (issued from 2022	up to present) - photocopy	Commission on Election	(COMELEC)	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit requirements	Verify requirements	None	10 minutes	Eliana Janica Llagas
2. Receive acknowledgment stub.	2.1 Issue acknowledgment stub.	None	2 minutes	Eliana Janica Llagas
	Ğ			Ü
	2.2 Encode qualified Senior Citizen to	None	4 minutes	Kurt Jonrai Matro
	the database			
	Fill out Client Satisf	action Rating Form		
	TOTAL	None	16 minutes	

NOTE:

- 1. A Senior Citizen who will be qualified for the current year shall be included in the Master List of the succeeding fiscal year to receive Subsidy (Cash Gift).
- 2. A Senior Citizen who registered himself/herself as a Senior Citizen of City of Imus (applied for OSCA ID) in the current year and was evaluated as qualified to become beneficiary through his/her requirements will be automatically included in the Master List of the succeeding fiscal year to receive Subsidy (Cash Gift).



CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE

EXTERNAL SERVICES



1. PROVIDE ASSISTANCE TO REPATRIATED OR DEPORTED OVERSEAS FILIPINO WORKER (OFW) (FOR REFERRAL)

Assistance in the form of outright cash and/or referral is provided to individuals/ families in extremely difficult circumstances. Cash assistance for repatriates and deportees OFWs, as may be justified by social workers or through a case consultation/conference.

OFFICE OR DIVISION	CSWDO – Crisis Intervention Unit			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All registered voters of the City of Imus, Cavite			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECURE	
Barangay Clearance of the client (Original c	opy)	Barangay Hall		
Government Issued ID of the Client (Photoc	opy only)	Client		
Letter of Request addressed to the City May	or	Client		
Travel Document/ Passport (Photocopy only	7)	Client/ Department of For	eign Affairs (DFA)	
Contract/ Referral letter from OWWA (Photo	copy only)	Employer/ Overseas Wor	kers Welfare Administration (OWWA)
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Refer the client to the social worker in charge.	None	3 minutes	Glenda Obligacion
Evaluation Section of the City Social				
Welfare and Development Office.				
2. Proceed to the assigned social worker for	2. Conduct an interview of the client and	None	15 minutes	Glenda Obligacion
an interview	formulate the General Intake Sheet (GIS)			
3. Wait for the documents.	3. Approve and sign the duly accomplished GIS	None	2 minutes	Josephine G. Villanueva
	Form			
4. Receive the Referral Letter	4. Release the Referral Letter	None	2 minutes	Support Staff
	Fill-out Client Satisfact	ion Rating Form		
	TOTAL	None	22 minutes	

NOTE: For outright cash, please proceed o Action Center, 3rd Floor Imus New Gov't Center



2. ISSUANCE OF REFERRAL FOR MIGRANT WORKER

Assisting the Migrant worker with their needs/queries. Referral for the migrant workers to other concerned agencies.

OFFICE OR DIVISION	CSWDO – Crisis Intervention Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All migrant worker residents			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECURE	
Latest documents				
Travel Document/ Passport (Photocopy)		Client/ Department of Fo	oreign Affairs (DFA)	
Contract/ Referral letter of OWWA (Photoco	py)	Employer/ OWWA		
Government Issued ID (Photocopy)		Client		
Referral / Certification from OWWA / POLO		OWWA		
Barangay Certification of Indigency (Original	copy)	Barangay Hall		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present all the documents to the	1. Refer the client to the personnel in charge.	None	3 minutes	Support Staff /
Evaluation Section of the City Social				Glenda Obligacion
Welfare and Development Office.				
Personal interview	2.1 Assessment	None		
	2.2 Formulate the Referral Letter	None	15 minutes	Glenda Obligacion
				Josephine G. Villanueva
	2.3 Approve and sign the Referral Letter			
		None	1 minute	
3. Receive the Referral Letter	3. Log and release the Referral Letter	None	1 minute	Glenda Obligacion
	Fill-out Client Satisfacti			
	TOTAL	None	20 minutes	



3. PROVIDE ASSISTANCE IN PERSON WHO USE DRUGS (PWUDs) FOR AFTER-CARE SESSION

Provision of post-rehab aftercare, helping people in recovery stay on track. It decreases the probability they will relapse and return to their addictive behavior.

OFFICE OR DIVISION	CSWDO - Crisis Intervention Unit			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All registered voters of the City of Imus, Cavite			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECURE	
Court Order (Photocopy only)		Court		
Referral Letter for After Care (Original Copy)		Rehabilitation Center		
Drug Test for 18 months (Original Copy)		Diagnostic clinic accredit	ed by DOH	
Certificate of Completion from Rehabilitation	(Photocopy only)	Rehabilitation Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the requirements to the	1. Refer the client to the social worker in charge.	None	3 minutes	Ma. Jane Camu
Evaluation Section of the City Social				
Welfare and Development Office.				
2. Proceed to the assigned social worker for	2. Conduct an interview of the client and	None	15 minutes	Ma. Jane Camu
an interview	formulate the General Intake Sheet (GIS)			
3. Monthly reporting	3. 18 months after care report, with submission	None	18 months	Ma. Jane Camu
	of the monthly drug test report and journal			
4. Completion of 18 month After- Care	4. Issued certificate of Completion to the client	None	3 days	Ma. Jane Camu
session	copy furnish Branch Court and Rehabilitation			
	Center			
	Fill-out Client Satisfaction	on Rating Form		
	TOTAL	None	18 months, 3 days, and 18 minutes	



4. ISSUANCE OF SOCIAL CASE STUDY REPORT (PRO-FORMAT)

A Social Case Study Report (SCSR) is a description of the socio-economic condition of the client that justifies his/her eligibility to avail assistance such as medical, financial, burial, transportation, and educational assistance from government, non-government, or civil society organizations like the Philippine Charity Sweepstakes Office (PCSO), Office of the President and Vice President of the Philippines, Offices of the Senators and Representatives, and many others.

OFFICE OR DIVISION	CSWDO – Crisis Intervention Unit			,
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECUR	E
For Medical				
Medical Certificate / (Latest)		Attending Doctor or Phys	ician	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the requirements to the	1. Interview the client, verify the documents,	None	1 minute	Support Staff
Evaluation Section of the City Social	and check the record in the database.			
Welfare and Development Office.				
2. Proceed to the assigned social worker for	2. Write the given information in the Social	None	25 minutes	Officer of the Day
an interview	Case Study Report (Pro-format)			(Social Worker)
3. Wait for the document	3. Approve and sign the SCSR	None	2 minutes	Josephine G. Villanueva
	4. Register the name and purpose to the	None	1 minute	Katherine Grace Padilla;
	logbook			Rose Anne Monzon
4. Receive the Social Case Study Report	5. Release the Social Case Study Report	None	1 minute	Katherine Grace Padilla;
				Rose Anne Monzon
	Fill-out Client Satisfaction	on Rating Form	·	
	TOTAL	None	30 minutes	



5. ISSUANCE OF SOCIAL CASE STUDY REPORT (NARRATIVE CASE STUDY REPORT)

A Social Case Study Report (SCSR) is a description of the socio-economic condition of the client that justifies his/her eligibility to avail assistance such as medical, financial, burial, transportation, and educational assistance from government, non-government, or civil society organizations like the Philippine Charity Sweepstakes Office (PCSO), Office of the President and Vice President of the Philippines, Offices of the Senators and Representatives, and many others.

OFFICE OR DIVISION	CSWDO – Crisis Intervention Unit	,	,	
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECURE	
For Medical				
Barangay Clearance (Original copy)		Barangay Hall		
	Original or Certified True Copy with Attending	Attending Doctor or Physic	ian	
Doctor's License No. and signature)				
Medical Prescription, Laboratory tests, Prom		Attending Doctor or Physic	ian	
medical procedure requests (chemotherapy,	hemodialysis, etc.) (Photocopy)			
For Education				
Barangay Indigency (Original copy)		Barangay Hall		
Registration Form or Certificate of Enrollmer	nt (Photocopy)	Respective School		
For Burial				
Barangay Clearance (Original copy)		Barangay Hall		
Death Certificate (Photocopy)		City Civil Registrar's Office		
Funeral Contract		Funeral Parlor		
For IBP				
Case Filed (Photocopy only)		Court		
Referral from IBP		Court		
Barangay Indigency (Original copy)		Barangay Hall		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present all the documents to the	Verify the documents	None	2 minutes	Katherine Grace Padilla;
Evaluation Section of the City Social				Rose Anne Monzon
Welfare and Development Office.	0.4.0	No.		
2. Proceed to the assigned social worker for	2.1 Processing of Report	None		Ma Jana Carre
an interview and assist the social worker in	2.2 Data Cathering	None	2 hours	Ma. Jane Camu
data gathering	2.2 Data Gathering	None	2 hours	
				Josephine G. Villanueva
			I	Josephine G. Villandeva



	2.3 Approve and Sign the SCSR	None	1 minute	
3. Wait for the document	3. Register the name and purpose in the	None	1 minute	Katherine Grace Padilla;
	logbook			Rose Anne Monzon
4. Receive the Social Case Study Report	Release the Social Case Study Report	None	1 minute	Katherine Grace Padilla;
				Rose Anne Monzon
	Fill-out Client Satisfaction	on Rating Form		
	TOTAL	None	2 hours, 5 minutes	

NOTE: If it requires home visitation, the client will get the document after one day



6. ISSUANCE OF CERTIFICATE OF INDIGENCY

Certificate Of Indigency is issued so that the less fortunate can avail of the privileges from the municipal/ city as well as referrals to agencies to avail and apply for assistance such as scholarship, short-term employment, medical services, fire aid, PhilHealth, legal assistance from Public Attorney's Office (PAO), etc.

OFFICE OR DIVISION	SWDO – Crisis Intervention Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECUR	E
For Public Attorney's Office (PAO)				
Latest pay slip or Income Tax Return or other proofs of income (Photocopy)		Company / Client		
Barangay Certification of Indigency (Photo	copy)	Barangay Hall		
Government Issued ID (Photocopy)		Client		
Case Filed (Photocopy)		PAO Office		
Certification from the City Assessor's Office copy)	e (non-ownership of real property) (Original	City Assessor's Office		
For Educational Assistance				
Barangay Certification of Indigency (Original copy)		Barangay Hall		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present all the documents to the Evaluation Section of the City Social	Check and verify the requirements Refer the client to CSWDO personnel available.	None	2 minutes	Support Staff
Welfare and Development Office.	•			
2. Undergo one-on-one interview (May be	2.1 Processing of Document	None		Katherine Grace Padilla;
required to sketch the residence for a home visit)	2.2 Conduct an interview with the client and prepare the requested certification.	None	14 minutes	Rose Anne Monzon; Ma. Jane Camu
	2.3 Approve and sign the Certificate of Indigency	None	2 minutes	Josephine G. Villanueva
3. Wait for the document	3. Register the name and purpose in the logbook	None	1 minute	Katherine Grace Padilla; Rose Anne Monzon;
4. Receive the Certificate of Indigency	4. Release the Certificate of Indigency	None	1 minute	Katherine Grace Padilla; Rose Anne Monzon
	TOTAL	None	30 minutes	

NOTE: If it requires home visitation, the client will get the document after one day.



7. ISSUANCE OF CERTIFICATE OF INDIGENCY (FOR AMBULANCE CONDUCTION – NON-EMERGENCY CASES AND PHILHEALTH)

Certificate of Indigency is issued so that the less fortunate can avail of the privileges from the municipal/ city as well as referrals to agencies to avail and apply for assistance such as scholarship, short-term employment, medical services, fire aid, PhilHealth, legal assistance from Public Attorney's Office (PAO), etc.

OFFICE OR DIVISION	CSWDO – Crisis Intervention Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All			
	F REQUIREMENTS		WHERE TO SECURE	
For Ambulance Conduction – Non-Emer				
Barangay Certification of Indigency (Origin		Barangay Hall		
Certification from the City Assessor's Office	e (non-ownership of real property) (Original	City Assessor's Office		
copy)				
Latest Medical Certificate (Photocopy)		Attending Doctor or Physi	cian	
For Philhealth				
Barangay Certification of Indigency (Origin	al copy)	Barangay Hall		
Photocopy of Valid ID		Client		
Birth Certificate of Applicant		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present all the documents to the		None	1 minute	Support Staff
Evaluation Section of the City Social	available.			
Welfare and Development Office.				
2. Undergo one-on-one interview (May be	2.1 Processing of Document	None		
required to sketch the residence for a	2.2 Conduct an interview/assessment of the	None	25 minutes	
home visit)	client and prepare the requested certification.			Josephine G. Villanueva
		N	4	
	2.3 Approve and sign the Certificate of	None	1 minute	
O Marit Constitution Income of	Indigency	News	4	0
3. Wait for the document	3. Register the name and purpose in the	None	1 minute	Support Staff
4. Descrive the Contificate of Indiana	logbook	None	4 minute	Current Ctoff
4. Receive the Certificate of Indigency	4. Release the Certificate of Indigency	None None	1 minute	Support Staff
	Fill-out Client Satisfacti		20	T
	TOTAL	None	29 minutes	

NOTE: If it requires home visitation, the client will get the document after one day.



8. ISSUANCE OF SOLO-PARENT ID

The City Social Welfare and Development Office (CSWDO) facilitates the issuance of Solo Parent ID. It is a requirement in availing of the benefits and privileges due to a Solo Parent as provided by R.A. No. 8972 known as the Solo Parent Act of 2000. Pursuant to the IRR of R.A. No. 8972, the social worker shall inform the solo parent of the status of his/her application within thirty (30) working days from the filing of such and shall require him/her to visit the agency/institution providing the assistance.

OFFICE OR DIVISION	CSWDO – Protective Service			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All solo-parent residents (with dependent minor	child/ren)		
	OF REQUIREMENTS	WHERE TO SECURE		
Solo-Parent Application Form		City Social Welfare Office	ı	
1 x 1 ID Picture (1 piece)		Client		
Minor's Birth Certificate (Photocopy)		PSA/ City Civil Registrar's	s Office	
Barangay Certification of being Solo parer		Barangay Hall		
Certificate of Employment, if employed (O	riginal copy)	Employer		
COMELEC Certification (Original copy)		COMELEC		
Any of the following proofs of being a solo				
Death Certificate, if the partner is decease		PSA/ City Civil Registrar's	s Office	
Annulment Paper, if annulled (Photocopy)		Court		
Detention Paper, if the partner is detained		Bureau of Jail Management and Penology (BJMP)		
Adoption Paper, if the child is adopted (Ph		Court/Attorney		
Affidavit of Being a Solo Parent, if abando		Attorney		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Initial interview and verify the complete	None	20 minutes	Mary Ann O. Abainza
complete documents to Solo-parent	submitted documents.			
Section of the City Social Welfare and				
Development Office				
	0. A	Ni	Mari S. A.E. L.	Dita D. La conta
	2. Assessment through a phone interview and/	None	Within 15 days	Pilar B. Laurente
and/ or home visit, if necessary (May be	or home visit if it's necessary.			
required to sketch the residence for home visit				
	3.1 Preparation of Solo Parent ID	None	3 minutes	Gemma Dionaldo
3. Wait for the availability of the ID	3.1 Freparation of Solo Parent ID	None	3 minutes	Genina Dionaido
	3.2 For signature	None	1 minute	Josephine G. Villanueva



4. Register the name and other 4. Release the Solo Parent II) None	2 minutes	Gemma Dionaldo	
information in the logbook and receive				
the ID.				
Fill-out Client Satisfaction Rating Form				
TOTAL None 15 working days, 26				
		minutes		

NOTE: If home visitation (for further assessment), an applicant for Solo-parent I.D will not be able to receive his/her I.D within the said period.



9. ISSUANCE OF PRE-MARRIAGE COUNSELING CERTIFICATE

Issuance of PMC Certificate to 18 to 25 years old would-be-couples who have undergone Pre-marriage Orientation and Counseling (PMOC) pursuant to the provisions of the Family Code and Presidential Decree 965 which requires applicants for a marriage license to receive instruction on family planning and responsible parenthood.

OFFICE OR DIVISION	CSWDO – Crisis Intervention Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	18-25 years old would-be couples who have und	dergone Pre-marriage Ori	entation and Counseling	(PMOC)
CHECKLIST	OF REQUIREMENTS WHERE TO SECURE			RE
Pre-marriage Orientation Certificate (Orig	inal copy)	Population Development Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIE		
Submit the certificate	1.1 Process the document.	None		
	1.2 Verify the document and prepare the certificate.	None	1 minute	Rose Anne Monzon; Katherine Grace Padilla
	1.3 For signature	None	1 minute	Pilar Laurente
Receive the certificate	2. Release the certificate	None	1 minute	Rose Anne Monzon;
				Katherine Grace Padilla
	Fill-out Client Satisfaction	n Rating Form		
	TOTAL	None	3 minutes	



LOCAL ECONOMIC DEVELOPMENT AND INVESTMENT PROMOTIONS OFFICE EXTERNAL SERVICES



1. ASSESS AND ISSUE CERTIFICATE OF REGISTRATION FOR INVESTMENT INCENTIVE GRANT

This service is open to all new and existing enterprises who would fall under any of the priority areas of investment in the City of Imus. With this, enterprises are given a fiscal incentive in terms of business tax exemption for a specified period of years and non-fiscal incentives such as aid in the local government services.

OFFICE OR DIVISION	Local Economic Development and Investment Promotions Office - Investment Services Division
CLASSIFICATION	Highly Technical
TYPE OF TRANSACTION	G2B - Government to Business
WHO MAY AVAIL THE	NEW ENTERPRISE who meets the following requirements:
SERVICE	 It must be compliant with all the requirements mandated under existing laws, local and national under the Philippine Constitution; The prospective investor's place of operation or production shall be located within the City of Imus; The prospective investment must engage in any of the areas or activities cited in the priority areas of investment; That the enterprises must have a capitalization of at least One Million Pesos (P1,000,000.00); provided that the amount of capitalization shall be based on the total additional project cost, excluding the value of the land where the entity's office, plant and equipment are situated, as stated in the investor's project study submitted to and approved by the Board. In case of corporation, capitalization shall mean fully paid-up capital of a minimum Five Million Pesos (P5,000,000.00); It must employ 70% of its total labor/manpower from the qualified bona fide residents of the city; Foreign companies intending to apply for registration must comply with the Foreign Investment Act of 1991; Project must not negatively impact the environment, whether in terms of pollution or resource use; Registered with Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI) or Cooperative Development Authority (CDA).
	EXISTING ENTERPRISE who meets the following qualifications: The business enterprise must be compliant with all the requirements mandated under existing local rules and regulations; The intended expansion or diversification of the existing enterprise must engage in economic activity identified as an investment priority area by the Board; The existing enterprise whose place of operation or production is already located within the territorial jurisdiction of the city, but which intends to undertake any of the following activities: Relocate its principal office to the City of Imus; Expand its existing production capacity or construct new buildings and other civil works for the installation of new machinery and equipment or improvements thereof which result in an increase in production capacity.



	<u>_</u>			
	of the City of Imus Inve the investor's project s	ersification shall have an additional projectment Incentives Code of 2017, provide tudy submitted to and approved by the resification project will provide employments.	led that such expansion o Board;	r diversification as stated in
		rsification will include an environment m		or the city, and
CHECKLIST OF REQUIREMENTS			ERE TO SECURE	
Application form (3 original)		Imus LEDIPO		
	investment showing that the project	To be provided by the Client		
	economically viable (1 original)	,		
Certificate of Registration (1 photocopy)		For Sole Proprietor- Department of Trade and Industry For Partnerships, One-Person Corporation, Corporations- Securities and Exchange Commission For Cooperatives- Cooperative Development Office		
For existing enterprises, a latest financial statement of the applying firm (1 copy)		To be provided by the Client		
For the corporate type of owner the person to file the application	ership, a board resolution authorizing on (1 original)	To be provided by the Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit requirements at the office of Imus LEIPO	1.1 Receive the requirements and check for completeness.1.2 Issue the Order of Payment if all requirements were given	None	15 minutes	Investment Services Division Staff
2. Pay the Non-Refundable Fee at the Satellite Office – The District Imus	2. Issue the Official Receipt	a. Micro – Php 1, 000.00 b. Small – Php 5, 000.00 c. Medium – Php 10, 000.00 e. Large with Capitalization of P100,000,001.00 – P1,000,000,000.00 – Php 15, 000.00 f. Large with Capitalization Above 1, 000,000,001.00 – Php 20, 000.00	10 minutes	Collection Officer City Treasurer's Office
3. Present Official Receipt	3.1 Attach OR to the submitted documents.	None	5 minutes	Investment Services Division Staff



	3.2 Issue the Acknowledgement Form to the client			
4. Receive Certificate of Registration and Board Resolution or Notice of Disapproval	4.1 Processing of Investment Incentive Grant by forwarding Pre-	None	15 days (For enterprise with capitalization of 1M – 100M); 25 days (For enterprise with capitalization of above 100M)	Investment Services Division Staff
	4.2 Conduct ocular visit, evaluation and consultation with the Board for the incentive grant.	None	10 days	Imus Investment Board
	4.3 Issue Certificate of Registration and Board Resolution or Notice of Disapproval	None	5 days	Investment Services Division Staff
NOTE: Passed on the availability of the Impurity setting the Investment Board and Eve		Based on the size of the enterprise	30 days and 30 minutes (For enterprise with capitalization of 1M – 100M) 40 days and 30 minutes(For enterprise with capitalization of above 100M)	

NOTE: Based on the availability of the Imus Investment Board and Executive Committee



2. REGISTRATION OF BUSINESS NAME

Business Name Registration (BNR) is mandated by Act 3883, otherwise known as the Business Name Law, which regulates the use in business transactions of names other than true names; wherein a person intending to engage in business is required to initially register a name, other than its true name with the DTI, before such name is used in any business transactions.

OFFICE OR DIVISION	DTI Regional and Provincial Offices – Negosyo Centers		
CLASSIFICATION	Simple		
TYPE OF TRANSACTION	G2B - Government to Business		
WHO MAY AVAIL THE SERVICE	Individuals/sole proprietorship		
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE	
I. Business Name Registration – N	ew and Renewal Application		
For walk-in/over-the-counter applied	cation (may also be done online end-to-end		
through the Business nam	e Registration System (BNRS) -		
https://bnrs.dti.gov.ph)			
Accomplished Application Form for C	Grant (1 original)	Imus LEDIPO	
1.Applicant must be at least 18 years	s old		
2.One (1) duly filled-out Application F	Form signed by the applicant of the BNR	DTI Regional and Provincial Offices Negosyo Centers	
3.One (1) valid government-issued II)		
4.Additional requirements for non-Ph	ilippine national:		
The state of the s	ears old (where the laws of the home country		
	national provides for the legal or contract age		
•	ized no-Philippine national shall submit proof		
thereof)			
b Clear cartified capy of the Alian	Cortificate of Pagistration	Purposu of Immigration	
b. Clear certified copy of the Alien	Certificate of Registration	Bureau of Immigration	
c. Certificate of Registration for S	Sole Proprietorship/Certificate of Authority to		
	pines issued by the concerned DTI Office per		
	Investment Act) as amended by Republic Act	Concerned DTI Office	
	cation Law) or such other applicable laws, as		
the case may be	, , , , , , , , , , , , , , , , , , , ,		
,			

5.Additional requirement for refugee/	·			
Clear certified copy of the				
·	fugee and Stateless Person Protection Unit	Department of Justice		
(DOJ-RSPPU) showing t				
refugee/stateless person or				
registration and submission of				
	pplication form is no longer required since the			
·	equivalent to the duly accomplished physical			
	tion for the BN registration is subject to the			
	the Rules and by clicking the "I Agree" button,			
	nderstood and accepted all such terms and			
	undertakings as posted on the web-enabled			
BN registration system.				
	nilippine nationals. Refugees, and stateless			
1 .	mission of the abovementioned supporting			
documentary requirements				
Additional requirements if filer is of				
1.Authorization letter from the owner				
2.Vald ID of the authorized represent	tative			
For renewal of registration				
1.same requirements as that for new				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1.1 Receive, verify and process application	None	Upon submission of	
application form	form. (If incomplete, immediately return the		completed	BN Processor/ NC
	application to applicant and point out		documents and	Business Counsellor, if
	deficiencies.)		approval of	through NC
			application under normal	
2. Pay registration fee 2.1 Receive payment and issue official		Registration fee	circumstances,	
	receipt	based on territorial	estimated processing	
		scope:	time is fifteen (15)	Cashier/Special Collecting
			minutes	Officer (SCO)
		Barangay:		
	1	₱200.00	1	



3.Claim Certificate of BNR	3.1 Print and issue Certificate of BNR	City/ Municipality: ₱ 500.00 Regional: ₱1,000.00 National: ₱2,000.00 Plus, Documentary Stamp Tax of ₱30.00 per registration Surcharge for Renewal - Additional 50% of registration fee if filed within ninety-one (91) days to one hundred eighty days (180) days after the expiration date		BN Processor/ NC
3.Claim Certificate of BNR	3.1 Print and issue Certificate of BNR			Business Counsellor, if through NC
	Fill-out Client Satisfac TOTAL		15 minutes	

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
II. Business Name Registration – Issuance of Affirmative/Negative Certification and Authentication or Certified True Copy of the BN Certificate of registration				
For walk-in/over-the-counter application only for authentication/certified true				
	stration (Affirmative/Negative Certification			
may be requested and processed	online end-to-end)			
One (1) duly filled-out Other BN-Rela	ated Application Form signed by the owner	DTI Regional and Prov	rincial Offices Negosyo C	Centers
One (1) valid government-issued ID				
Additional requirements if filer is	other than the owner			
1.Authorization letter from the owner				
2.Vald ID of the authorized represen	tative			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Accomplish and submit other BN- Related application form	1.1 Receive, verify and process application form. (If incomplete, immediately return the application to applicant and point out deficiencies.)		Upon submission of completed documents and approval of application under	BN Processor/ NC Business Counsellor, if through NC
2. Pay the corresponding fee	2.1 Receive payment and issue official receipt	a. Affirmative/ Negative Certification – Php 50.00 +DST Php 30.00 b. Cancellation Certification – Documentary Stamp tax (DST) – Php 30.00 c.Authentication or Certified True Copy –	normal circumstances, estimated processing time is fifteen (15) minutes	Cashier/Special Collecting Officer (SCO) If online application, through available online payment modes. (applicable to BN Certification only)



		Php 50.00 + DST Php 30.00 (per copy)		
Certification or Authenticated or	3.1 Print and Issue Affirmative/ Negative certification or duly marked and signed Authenticated or Certified True Copy of BN Certificate of Registration			BN Processor/ NC Business Counsellor, if through NC
	Fill-out Client Satisfact	tion Rating Form		
	TOTAL	Depending on the Other BN-Related Request	15 minutes	



3. ISSUANCE OF BMBE CERTIFICATE OF AUTHORITY

The processing and issuance of Barangay Micro Business Enterprises (BMBEs) CA is in compliance with RA 9178 or commonly known as Barangay Micro Business Enterprises (BMBEs) Act of 2002, wherein incentives and benefits is to be given to BMBEs in support entrepreneurial talents and integrate those in the informal sector to the mainstream economy as amended by RA 1064.

| OFFICE OF DIVISION | DTI Regional and Provincial Offices | through the Negocya Centers

OFFICE OR DIVISION	DTI Regional and Provincial Offices – through	DTI Regional and Provincial Offices – through the Negosyo Centers			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen				
WHO MAY AVAIL THE SERVICE	Barangay micro business enterprises that ha	ave an asset size of no	t more than Three Mil	llion Pesos (PhP 3,000,000.00)	
	including those arising from loans but exclude	ding land on which the p	plant and equipment a	are located and engaged in the	
		f products or commodities, including agro-processing, trading, and services but			
	excluding practice of profession (e.g. Accoun	tant, Lawyer, Doctor, am	nong others.)		
	T OF REQUIREMENTS WHERE TO SECURE				
	MBE Form), signed by the owner (for sole	- DTI Regional and Pro			
1	entative (for partnerships, corporations, and	 Business/SME Devel 	opment Division		
cooperatives) of the entity applying f	or registration (1 copy)	- Negosyo Centers			
		- Online thru:			
		https://www.dti.gov.ph/sdm_downloads/bmbe -registration-application-form/			
		or			
		https://dtiwebfiles.s3-ap-			
		southeast1.amazonaws.com/Downloadable+Files/BMBE+Registration+Appl			
		ication+Form/BMBE+Form+01_BMBE+Application+form.pdf			
2. Certificate of Registration for new	application (1 photocopy)	DTI Business Name Registration – for Sole Proprietorship			
		0 ''' 15 1	0 : : (050		
		Securities and Exchange Commission (SEC) - for partnership, corporation,			
		or association			
		Cooperative Developm	ant Authority (CDA)	for cooperative	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE	
CEIENT STEFS	AGENCI ACTION	TELS TO BE FAID	TIME	T ERSON RESPONSIBLE	
1. Submit filled-out BMBE	1.1 Upon receipt of application, check the	None	1 hour	NC Business	
application form and other	completeness of documentary			Counsellor/BMBE Processor	
documentary requirements	requirements.				
	·				



	1.2 Evaluate and verify the application to	None	4 hours	NC Business
	determine the eligibility and qualification as			Counsellor/BMBE Processor
	a BMBE based on declared information in			and Applicant
	the application form and submitted			
	supporting documents.			
	1.3 Process the application:			
	1.3.1 Encode the information on the	None	25 minutes	
	BMBE CA template and confirm the			NC Business
	information.			Counsellor/BMBE Processor
	1.3.2 Print the BMBE CA	None	5 minutes	NC Business
				Counsellor/BMBE Processor
	1.3.3 Approve and countersign the	None	2 hours	Provincial Director or his/her
	BMBE CA			duly authorized representative
2.Claim BMBE Certificate of	2.1 Issue the BMBE Certificate of Authority	None	30 minutes	NC Business
Authority				Counsellor/BMBE Processor
	Fill-out Client Satisfaction	on Rating Form		
	TOTAL	None	8 hours	



4. PROVIDE BUSINESS INFORMATION ASSISTANCE

This service provides all information needed by an entrepreneur in doing business. The service aims to simplify complex business information such as mandatory compliance with local and national requirements.

OFFICE OR DIVISION	Local Economic Development and Investmen	Local Economic Development and Investment Promotions Office - Business Development Division			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen				
WHO MAY AVAIL THE SERVICE	Potential Business Owners and Leaders who will operate business in the City of Imus.				
	Existing Business Owners and Leaders in the City of Imus				
CHECKLIST	OF REQUIREMENTS	ENTS WHERE TO SECURE			
Accomplished Form (1 original)		Imus LEDIPO			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE	
			TIME		
Submit form and Inquire	Accommodate inquiries and concerns	None	10 minutes	Business Development	
concern(s) at Imus LEDIPO	Division Staff				
	Fill-out Client Satisfaction Rating Form				
	TOTAL None 10 minutes				



GENDER AND DEVELOPMENT UNIT EXTERNAL SERVICES



1. SCHEDULING OF APPPOINTMENT TO THE CITY GAD FOCAL POINT PERSON

Organizing meetings and appointments is an important GAD Unit task. It ensures work arrangements flow smoothly. Internal and external clients are brought together in a structured way and decisions are made when needed to achieve the unit's goal.

OFFICE OR DIVISION	Gender and Development Unit	o anico goan		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	E All			
CHECKLIST (CKLIST OF REQUIREMENTS WHERE TO SECURE			
Request Letter addressed to the City	GAD Focal Person	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the request letter and wait	1.1 Assess the request letter.	None	45 minutes	Admin Staff assigned in the
for the scheduled meeting.				unit
	1.2 Inform the City GAD Focal Point Person regarding the request.1.3 Finalize the schedule.	None	1 day (stop time)	Kristel Lovella D. Capiña;
2. Attend the scheduled meeting.	2. Inform the client on the final schedule.	None	5 minutes	GAD Unit personnel
Fill-put Client Satisfaction Rating Form				
TOTAL None 1 day, 50 minutes				

NOTE: Schedule of meeting depends on the availability of the City GAD Focal Point Person.



2. PROVISION OF TECHNICAL ASSISTANCE AND SERVICES

GAD Unit is committed to provide timely, strategic, and appropriate technical assistance on GAD. It also establishes proper mechanisms to respond to the numerous requests for technical assistance on GAD, especially on GAD mainstreaming and GAD Planning and Budgeting.

OFFICE OR DIVISION	Gender and Development Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Go	vernment to Business, G2G	- Government to Govern	nment
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST O	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Request Form		Admin Committee Officers		
Request Letter addressed to the City	GAD Focal Person	Client		
Government-issued ID		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	
1. Submit requisition letter	Assess the request letter and check for the availability of the documents.	None	3 minutes	Kristel Lovella D. Capiña, Karen Joy A. Peregrino;
2. Preparation of Documents	2.1 Produce the facsimile of the requested documents.2.2 Certify the documents as true copies	None	3 minutes 2 minutes	Kristel Lovella D. Capiña, Karen Joy Peregrino;
3. Claim of documents	3. Release of Documents	None	2 minutes	Kristel Lovella D. Capiña; Karen Joy A. Peregrino;
	Fill-out Client Sat	sfaction Rating Form		
TOTAL Based on assessment 10 minutes				

NOTE: Signing of the permit depends on the availability of the City GAD Focal Point Person.



3. POLICY AND PLANNING REVIEW SERVICES

GAD Unit is responsible for leading development of rules, policies, and procedures in such a way that stakeholders will trust and value the resulting documents because their concerns and needs have been considered respectfully.

OFFICE OR DIVISION	Gender and Development Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Gove	ernment to Business, G2G	- Government to Govern	nment
WHO MAY AVAIL THE SERVICE	All			
	OF REQUIREMENTS		WHERE TO SECURE	
Request Form		Admin Committee Officer		
Request Letter addressed to the City	y GAD Focal Person	Client		
Government-issued ID		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit requisition letter	1.1 Receive and log request.1.2 Refer to Executive Order.	None	5 minutes	Kristel Lovella D. Capiña; Karen Joy A. Peregrino, Leonardo Lacson;
	1.3 Assign request to concerned committee.			
2. Prepare the Documents	1.1 Conduct preliminary assessment and research. 1.2 Prepare policy comments and recommendations.	None	5 minutes	Kristel Lovella D. Capiña; Karen Joy A. Peregrino, Leonardo Lacson;
	1.3 Transmit the policy review, resolution and feedback			
		faction Rating Form		
NOTE OF THE PARTY	TOTAL	Based on assessment	10 minutes	

NOTE: Signing of the requested pertinent documents depends on the availability of the City GAD Focal Point Person.



4. PROJECT, PLANS AND ACTIVITIES ENDORSEMENT

Project planning is at the heart of the GAD PPAs cycle. The plans are documented, the deliverables, requirements are defined, and the project schedule is created. This helps the unit and its external suppliers to ensure the delivery and implementation of the project on time, within budget, and within schedule.

OFFICE OR DIVISION	Gender and Development Unit	Gender and Development Unit			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B –	Government to Business, G2G	- Government to Govern	nment	
WHO MAY AVAIL THE SERVICE	·	,			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECURE		
Request Form		Admin Committee Officers			
Request Letter addressed to the Ci	ty GAD Focal Person	Client			
Government-issued ID		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit requisition letter	1.1 Receive and log request.	None	5 minutes	Kristel Lovella D. Capiña Karen Joy A. Peregrino;	
	1.2 Review the legal basis.				
	1.3 Assess the projects.				
2. Prepare the Documents	1.1 Conduct preliminary assessment and research.	None	5 minutes	Kristel Lovella D. Capiña Karen Joy A. Peregrino;	
	1.2 Prepare policy comments and recommendations.				
	1.3 Transmit the policy review, resolution and feedback.				
		Satisfaction Rating Form	_		
TOTAL Based on assessment 10 minutes					

NOTE: Signing of the pertinent documents depends on the availability of the City GAD Focal Point Person.



IMUS CITY PUBLIC LIBRARY EXTERNAL SERVICES



1. RESEARCH SERVICE ASSISTANCE

The service assists the clients in research through Card Catalog or Online Public Access Catalog (OPAC) for browsing of books and other library materials or assign desktop computer for computer/internet use.

a design desired compared to compared memorial				
OFFICE OR DIVISION	Imus City Public Library			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	MAY AVAIL THE SERVICE All			
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			RE
Valid ID		From the client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Register on the Logbook	Logbook is in the entrance of the library	None	3 minutes	Annabelle A. Rusit
				Alvin V. Sampot
Fill-out Client Satisfaction Rating Form				
	TOTAL None 3 minutes			

2. ISSUANCE OF LIBRARY ID

This service assists the clients in applying a Library ID for additional privileges that the library is offering when it comes to library resources and other reading materials such as borrowing of fiction books, magazines and journals for home use, etc.

OFFICE OR DIVISION	FFICE OR DIVISION Imus City Public Library			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	RVICE All			
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Two (2) Copies 1x1 Picture	cture From the client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the Application Form and	1. Application Form is provided by the	None	10 minutes	Kristine Anne D. Bautista
present a valid ID	assigned staff			Micah Ella B. Malicsi
Fill-out Client Satisfaction Rating Form				
	TOTAL	None	10 minutes	



CITY INFORMATION OFFICE EXTERNAL SERVICES



1. MEDIA ACCREDITATION

Media accreditation process enables publications, journalists, and photographers to be part of the media partners of the LGU on its programs, events and activities.

OFFICE OR DIVISION	City Information Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen				
WHO MAY AVAIL THE SERVICE	All publication or broadcast media firr	All publication or broadcast media firm; All reporters, writers and photographers			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
Publication / Broadcast Media Fire Client	n:				
Letter of intent to cover events of the	e City Government of Imus;	Publication / Broadcast Media Firm			
(For Sole Proprietorship) Copy of business registration with th (1 copy – original and photocopy for	verification purposes)	Department of Trade and Industry			
(For Partnership and Corporation) Certified True Copy of SEC registrat Incorporation, By-Laws and Latest G	ion, Articles of Partnership /	Securities and Exchange Commission			
Copy of Mayor's Permit with Official original and photocopy for verification		Business One-Stop Shop (BOSS)			
Copy of Bureau of Internal Revenue copy – original and photocopy for ve		Bureau of Internal Revenue			
Notarized proof / affidavit that the Pu circulation for at least six (6) months to the CIO);	ublication has been consistently in (with sample copies to be submitted	Publication / Broadcast Media Firm			
Notarized proof / affidavit that the Pu circulation of at least 2,000 copies of	· · · · · · · · · · · · · · · · · · ·	Publication / Broadcast Media Firm			
Notarized proof / affidavit from the P Publication has a weekly circulation		Publication / Broadcast Media Firm			
or Editor indicating the name and du writers/photographers;		Publication / Broadcast Media Firm			
Published articles or taped broadcas	st within the past two (2) months;	Media Personnel			



Letter of accreditation and/or letter of assignment from the President of Media Organization from which the reporter/writer/photographer belongs indicating the membership and signed by the organization's secretary and/or officer on membership; Photographers are required to submit original photographs published within the past two (2) months, copy of photographs published within the past two (2) months and a copy of the publication (at least 5 original photographs)		Media Organization Media Personnel		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the requirements	Assess the publication requirements.	None	10 minutes	Ma. Ana Elaiza S. Lardizabal; Information Officer III Bernadette A. Asuncion Communication Equipment Operator I
2. Undergo personal interview	2. Evaluate the publication	None	10 minutes	Ervin Ace H. Navarette City Information Officer
3. Get accreditation document.	3. Prepare accreditation document.	None		
	Fill-out Client S	Satisfaction Rating Form		
	TOTAL	None	20 minutes	



2. INSTITUTIONALIZATION OF INFORMATION QUERIES OR COMPLAINTS

Provide accurate and adequate information to every inquiry and endorse every inquiry or complaint to appropriate offices.

OFFICE OR DIVISION	City Information Office	<u> </u>		
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G - G	Sovernment to Governme	ent	
WHO MAY AVAIL THE SERVICE	All constituents of the City Government	t of Imus		
CHECKLIST OF	REQUIREMENTS		WHERE TO SECUR	E
	I client through the City Government	City Government of Imu	s's official page, City Mayo	r's official page, official email
	official page, official email address, or	address, or official webs	site.	
official website.				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client sends inquiry or complaint		None	5 minutes	Ma. Ana Elaiza S. Lardizabal
to the City Government of Imus's	or complaint.			Information Officer III
official page, City Mayor's official page, official email address, or	1.2 Prepare the information to be sent	None		Romain Jershy C. Papa
official website.	to the client	None		Public Relations Officer
omoral website.	to the olicit			1 done relations officer
				Claire Antioquia
				Private Secretary II
				John Barry A. Prado
				Information Technology
				Officer
				Ervin Ace H. Navarette
				City Information Officer
				City Information Officer
2. Wait for the response regarding	2.1 Compose a response to the client	None	20 minutes	Ma. Ana Elaiza S. Lardizabal
the inquiry or complaint	/ endorse the inquiry or complaint to			Information Officer III
	the appropriate office			
				Romain Jershy C. Papa
				Public Relations Officer
				Claire Antioquia
				Private Secretary II
		XXX		

				John Barry A. Prado Information Technology Officer	
	2.2 Check and approve of the response to the client	None	10 minutes	Ervin Ace H. Navarette City Information Officer	
3. Receive response	3. Send a reply to the client regarding the inquiry or complaint	None	5 minutes	Ma. Ana Elaiza S. Lardizabal; Information Officer III	
				Romain Jershy C. Papa Public Relations Officer	
				Claire Antioquia Private Secretary II	
				John Barry A. Prado Information Technology Officer	
Fill-out Client Satisfaction Rating Form					
	TOTAL	None	40 minutes		



CITY INFORMATION OFFICE INTERNAL SERVICES



1. LAYOUT AND PRINTING OF TARPAULIN

Create promotional materials for public awareness and public participation on the City Government of Imus programs and projects.

OFFICE OR DIVISION	City Information Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G - Gove			
WHO MAY AVAIL THE SERVICE	All officer under the City Government of Im	us		
CHECKLIST (T OF REQUIREMENTS WHERE TO SECURE			
Accomplished Request Form (hard of without a request letter	copy and/or online request form) with or	Requesting Party (Mer Tarpaulin) / City Inform	norandum 2022-26- Requenation Office	est for Official Printing of
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit a request form with or without a request letter to the office	1.1 Accommodate request	None	5 minutes	Ma. Ana Elaiza S. Lardizabal Information Officer III
	1.2 Assess request and check the availability of the requested date	None	5 minutes	
2. Wait for the availability of the tarpaulin	2.1 Designate the work	None	5 minutes	Ervin Ace H. Navarette City Information Officer
	2.2 Create the layout / visual content	None	40 minutes	Ronard A. Diaz; Artist Illustrator II
				Thea Coleen B. Castillo Artist Illustrator
	2.3 Check and approve the layout	None	5 minutes	Ervin Ace H. Navarette City Information Officer
	2.4 Checking and approval of the requesting party	None	5 minutes	Requesting Party
	2.5 Send the layout to the printing press (for tarpaulin request)	None	3 minutes	Ronard A. Diaz; Artist Illustrator II
				Thea Coleen B. Castillo Artist Illustrator

	2.6 Printing of layout	None	(stop time)	Printing Press
	2.7 Tarpaulin pick-up	None	20 minutes	Jesse Brent D. Trinidad Driver I
Receive the printed material	3. Releasing of printed material	None	3 minutes	Anthony C. Fontanilla Messenger
	Fill-out Client Satis	faction Rating Form		<u> </u>
	TOTAL	None	1 hour and 31 minutes	



2. SCHEDULING FOR EVENT COVERAGE

Photo and video documentation of the programs and activities of the City Government of Imus.

OFFICE OR DIVISION	City Information Office	City Information Office			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G - Government	G2C - Government to Citizen, G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus				
CHECKLIST (OF REQUIREMENTS		WHERE TO SECUR	kE	
Accomplished Request Form (hard of without a request letter	copy and/or online request form) with or	Requesting Party (Men	norandum 2022-00 - Reques	st for Event Coverage / CIO	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit a request form with or without a request letter to the office	1.1 Accommodate request	None	5 minutes	Ma. Ana Elaiza S. Lardizabal Information Officer III	
	1.2 Assess request and check the availability of the requested date	None			
	1.3 Designate work	None	5 minutes	Ervin Ace H. Navarette City Information Officer	
	1.4 Schedule the event	None	5 minutes	Juvelen O. Alcova; Photographer III Glenn A. Calica Photographer I	
	Fill-out Client Sati	sfaction Rating Form			
TOTAL None 15 minutes					



3. VIDEO EDITING

Create audio-visual presentation for the City Government of Imus programs and activities.

OFFICE OR DIVISION

City Information Office

OFFICE OR DIVISION	City Information Office				
CLASSIFICATION	Highly Technical				
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G - Gove	ernment to Government			
WHO MAY AVAIL THE SERVICE	All officer under the City Government of Im	ius			
CHECKLIST C	F REQUIREMENTS		WHERE TO SECUR	RE	
Request letter attached with accomplished sequence treatment and/or storyline of the said video		Requesting Party			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit request letter to the office	1.1 Accommodate request1.2 Assess request and check the	None	5 minutes	Ma. Ana Elaiza S. Lardizabal Information Officer III	
2. Wait for the availability of the	availability of the requested date				
2. Wait for the availability of the video	2.1 Process request2.2 Review the sequence treatment and storyline	None	20 minutes	Ervin Ace H. Navarette; City Information Officer Francesca F. Mandac	
	2.3 Edit the video	None	(stop time)	Information Officer I Glo Allyson Keiko P. Melo Video Editor / Videographer	
	2.4 Check and approve the video	None	10 minutes	Ervin Ace H. Navarette; City Information Officer	
	2.5 Checking and approval of the requesting party	None	10 minutes	Requesting Party	
3. Receive the edited video	3. Release the final video	None	5 minutes	Ma. Ana Elaiza S. Lardizabal; Information Officer III	

				Glo Allyson Keiko P. Melo Video Editor / Videographer
Fill-out Client Satisfaction Rating Form				
	TOTAL	None	40 minutes	

*Short Videos (1-3 minutes) – one (1) day; Videos more than three (3) minutes – minimum of three (3) days depending on the storyline and content of the video. NOTE:

- For short videos (1-3 minutes), the request must be submitted at least five (5) working days before the date of submission (for video entries) or date of event, and ten (10) working days for video presentation longer than three (3) minutes.

 • The requesting office must bring a storage device (DVD-R, Flash Drive, or Hard Drive) upon claiming the final edit of the video.



4. SOCIAL MEDIA POSTING

Create and revise social media posts and captions for the City Government of Imus social media pages and its offices.

OFFICE OR DIVISION	City Information Office	-	0	
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G - Gov	ernment to Government		
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Ir	mus		
	OF REQUIREMENTS WHERE TO SECURE			
	ial, revision for narratives and captions	Requesting Party (Mem	orandum 2022-12- Reques	t for Social Media Posting)
(Hard Copy and/or Email Requests)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit request letter to the office	1.1 Accommodate request	None		
	1.2 Assess request and check the availability of the requested date	None	5 minutes	Ma. Ana Elaiza S. Lardizabal Information Officer III
	1.3 Designate work	None	5 minutes	Ervin Ace H. Navarette City Information Officer
	1.4 Create publication material and/or revise caption and narratives	None	40 minutes	Ronard A. Diaz; Artist Illustrator II Thea Coleen B. Castillo;
				Artist Illustrator
				Francesca F. Mandac Information Officer I
	1.5 Approve publication material and/or caption and narratives	None	10 minutes	Ervin Ace H. Navarette City Information Officer
	1.6 Schedule of posting on the City Government of Imus's social media pages	None	5 minutes	Romain Jershy C. Papa Public Relations Officer Claire Antioquia Private Secretary II John Barry A. Prado
		*		JUIII Daily A. Flauu



			Information Technology Officer	
Fill-out Client Satisfaction Rating Form				
TOTAL	None	1 hour and 5 minutes		

5. PROVISION OF ZOOM LINK

Provide a zoom meeting link for virtual programs, meetings, and activities of the City Government of Imus.

OFFICE OR DIVISION	City Information Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Im	us		
CHECKLIST (OF REQUIREMENTS		WHERE TO SECUR	
Accomplished Request Form (hard of without a request letter	copy and/or online request form) with or	Requesting Party (Mei Information Office	morandum 2022-43 - Reques	st for Zoom Link Request / City
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a request form with or without a request letter to the office	1.1 Accommodate request			
·	1.2 Assess request and check the availability of the requested date	None	5 minutes	Ma. Ana Elaiza S. Lardizabal Information Officer III
2. Wait for the availability of Zoom Link	2. Designate work	None	5 minutes	Ervin Ace H. Navarette City Information Officer
3. Wait for link	Schedule and endorse the link of the program to the requesting party	None	5 minutes	Ma. Ana Elaiza S. Lardizabal Information Officer III
	Fill-out Client Satis	faction Rating Form		
	TOTAL	None	15 minutes	



6. GRAPHIC DESIGN FOR VARIOUS OFFICES

Create promotional materials for programs and projects of offices of the City Government of Imus.

OFFICE OR DIVISION	City Information Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All officer under the City Government of Imus			
CHECKLIST OF REQUIREMENTS			WHERE TO SECU	
Accomplished Request Form (hard copy and/or online request form) with or without a request letter		Requesting Party (Memorandum 2022-26- Request for Official Printing of Tarpaulin) / City Information Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit a request form with or without a request letter to the office	1.1 Accommodate request	None	5 minutes	Ma. Ana Elaiza S. Lardizabal Information Officer III
	1.2 Assess request and check the availability of the requested date	None	5 minutes	
2. Wait for the design	2.1 Designate the Work	None	5 minutes	Ervin Ace H. Navarette City Information Officer
	2.2 Create the visual content (logos, LED wall backdrop, sticker, ID layout, or other types of visual design)	None	40 minutes	Ronard A. Diaz; Artist Illustrator II
				Thea Coleen B. Castillo Artist Illustrator
				Janna Alliah V. Angeles Videographer/Video Editor
	2.3 Check and approve of the design	None	5 minutes	Ervin Ace H. Navarette City Information Officer
	2.4 Checking and approval of the requesting party	None	5 minutes	Requesting Party
	2.5 Apply revision or changes from requesting party	None	3 minutes	Ronard A. Diaz; Artist Illustrator II

3. Receive the digital or printed design	3. Release final digital or printed design	None	3 minutes	Thea Coleen B. Castillo Artist Illustrator Janna Alliah V. Angeles Videographer/Video Editor Ronard A. Diaz; Artist Illustrator II Thea Coleen B. Castillo
	Fill-out Client Satis	sfaction Rating Form		Artist Illustrator Janna Alliah V. Angeles Videographer/Video Editor Ma. Ana Elaiza S. Lardizabal Information Officer III
	TOTAL	None	1 hour and 11 minutes	



CITY TOURISM AND HERITAGE OFFICE EXTERNAL SERVICES



1. PROVISION OF RELEVANT INFORMATION AND MATERIALS (PHOTOGRAPHS, TEXTBOOKS, AND DOCUMENTS) This service provides information for the clients that conduct research on city's culture and history.

OFFICE OR DIVISION	City Tourism and Heritage Office			
	,			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter Request	Client			
Identification Card		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit a letter or inquire directly	1.1 Assess request and consult the Department Head (if necessary)	None	2 minutes	Christian Rey O. Sison; Cecilia V. Picache
	1.2 Check the availability of research materials or research person	None		
2. Get necessary data	2. Provide the necessary materials and information;	None	5 minutes	Christian Rey O. Sison; Cecilia V. Picache
	*** Refer to other concerned departments (if necessary)			
	Fill-out Client Satisfac	ction Rating Form	·	
	TOTAL	None	7 minutes	

NOTE: Processing time varies depending on the availability of the requested information of document.



2. REQUEST ON TOUR GUIDING SERVICES TO HISTORICAL PLACES IN THE CITY

Schedule and assist request of clients regarding tour guiding services in different historical places in the city.

OFFICE OR DIVISION	City Tourism and Heritage Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST OF REQUIREMENTS			WHERE TO SECUR	E
Letter Request		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIBL		
1. Submit letter request to the office.	1.1 Assess request and check the availability of the requested date.	None	5 minutes	Christian Rey O. Sison; Pinky L. Rembulat
	1.2 Approval of the department head	None	5 minutes	Department Head
2. Get the schedule.	2.1 Give the final schedule.	None	5 minutes	Christian Rey O. Sison; Pinky L. Rembulat
2.2 Assign personnel for tour guiding				
Fill-out Client Satisfaction Rating Form				
TOTAL None 5 minutes				



3. ASSISTANCE ON TOURISM ACCREDITATION

Assist businesses in the preparation of Department of Tourism Accreditation

OFFICE OR DIVISION	City Tourism and Heritage Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2B - Government to Business				
WHO MAY AVAIL THE SERVICE	All business in line with tourism				
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	E	
Business Permit	Business One-Stop S		Stop Shop (Ground Floor Ne	p Shop (Ground Floor New Government Center)	
CLIENT STEPS	AGENCY ACTION FEES TO BE PAID PROCESSING TIME PERSON RESPONS			PERSON RESPONSIBLE	
Inquire and present business permit for DOT Accreditation.	1.1 Explain the importance of DOT Accreditation for businesses.	None	3 minutes	Christian Rey O. Sison Pinky L. Rembulat	
	1.2 Assist business owners on the documents needed for the accreditation.	None	5 minutes		
Fill-out Client Satisfaction Rating Form					
TOTAL None 8 minutes					

4. INQUIRIES ON CITY TOURISM/CULTURAL ACTIVITIES

Provide relevant information regarding the schedule of tourism/cultural activities.

OFFICE OR DIVISION	City Tourism and Heritage Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIS*	T OF REQUIREMENTS		WHERE TO SECURI	E
Le	etter Request		Client	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIBLE		
Inquire Tourism/Cultural Activities	Accommodate inquiries and concerns on tourism/cultural activities.	None	5 minutes	Cecilia Picache, Bradley Myles Wency C. Ramos Danica V. Doma, Marie Faith D. Jamir
Fill-out Client Satisfaction Rating Form				
TOTAL None 5 minutes				



5. RELEASING OF PHOTO DOCUMENTATION AND LAYOUT

Provide soft copies of photos and videos of various events in the city.

OFFICE OR DIVISION	City Tourism and Heritage Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURI	E		
Letter Request		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Inquire on the status of the	l	None	3 minutes	Arnel P. Ilagan,	
photos/ lay-outs	release			Hannah Kaye A. Rodriguez, Harold A. Morota	
2. Provide the USB.	2.1 Scan the USB	None	5 minutes	Arnel P. Ilagan, Hannah Kaye A. Rodriguez,	
	2.2 Copy the requested soft copy files.	None	10 minutes	Harold A. Morota	
3. Get the soft copy files.	3. Release the soft copies of photos/lay outs.	None	3 minutes	Arnel P. Ilagan, Hannah Kaye A. Rodriguez, Harold A. Morota	
Fill-out Client Satisfaction Rating Form					
	TOTAL None 21 minutes				

NOTE: The processing time for copying of files depends on the size of the photos or videos.



CITY TOURISM AND HERITAGE OFFICE INTERNAL SERVICES



1. REQUEST FOR PHOTO COVERAGE AND DOCUMENTATION OF EVENTS

The city departments and offices can request for the documentation of their events.

OFFICE OR DIVISION	City Tourism and Heritage Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen, G2G - Governme	ent to Government			
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E		
Letter Request		Client			
Request Form					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIBLE			
Submit letter and fill-out Photo and Event Coverage Request Form.	1.1 Receive letter and assess the request form.	None	1 minutes	Arnel P. Ilagan, Hannah Kaye A. Rodriguez, Harold A. Morota	
	1.2 Approve request	None	5 minutes	Department Head	
2. Receive confirmation of the coverage schedule.	2. Assign personnel to document the event	None	5 minutes	Christian Rey O. Sison	
Fill-out Client Satisfaction Rating Form					
TOTAL None 11 minutes					



CITY DISASTER RISK REDUCTION AND MANAGEMENT OFFICE

EXTERNAL SERVICES



1. EMERGENCY AMBULANCE ASSISTANCE

Immediate request for an ambulance and initial treatment of an injured or sick person. (Ex. Emergency Medical, Road Crashes and Trauma Injuries)

OFFICE OR DIVISION	City Disaster Risk Reduction and Manager	City Disaster Risk Reduction and Management Office		
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL OF THE SERVICE	All			
CHECKLIST OF	REQUIREMENTS		WHERE TO SECUR	RE
Hospital to Hospital coordination for train	nsfer of patients			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for Emergency Medical Team (thru phone, radio or walk-in)	1.1 Collect pertinent details such as complete name, age address, type of incident, exact location, destination, callers name and contact no. etc. 1.2 Determine the nature/level of response caller/patient's status and information	None	2 minutes	On-duty personnel at the dispatching section
2. Wait for an ambulance	2. Dispatch a Response Team to the target location	None	5 minutes	On-duty personnel at the dispatching section; EMS Team
	TOTAL	None	7 minutes	

NOTE: Arrival time of ambulance varies (location and situation-dependent). The period of dispatch for hospital transfer might take longer. It depends on prior coordination between hospitals



2. AMBULANCE REQUEST FOR NON-EMERGENCY/CONDUCTION

Request for non-emergency ambulance transport (Ex. Dialysis treatment, Chemo Treatment, check-ups, transport hospital to hospital, etc.)

Request for non-emergency ambulance	transport (Ex. Dialysis treatment, Chemo Trea	ument, check-ups, trans	sport nospital to nospital,	elc.)
OFFICE OR DIVISION	City Disaster Risk Reduction and Management Office			
CLASSIFICATION	Highly- Technical			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL OF THE SERVICE	All			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECUR	lE .
Certification		City Social Welfare an	d Development Office	
Hospital to Hospital coordination for the	transfer of patients			
Patients for discharge must be billed ou	t before dispatch of EMS			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for Emergency Medical Team for non-emergency dispatch (thru phone, radio or walk-in)	1.1 Collect pertinent details such as complete name, age address, type of incident, exact location, destination, callers name and contact no. etc. 1.2 Determine the nature/level of response caller/patient's status and information 1.3 Approve and schedule the request (At least three days prior to the date of schedule)	None	3 minutes	On-duty personnel at the dispatching section
2. Wait for an ambulance	2. Dispatch a Response Team to the target location	None	5 minutes	On-duty personnel at the dispatching section; EMS Team
	TOTAL	None	8 minutes	

NOTE: Arrival time of ambulance varies (location and situation-dependent). For non-emergency or conduction services, dispatch shall be scheduled depending on the availability of an ambulance



3. AMBULANCE REQUEST FOR TRANSPORTATION OUTSIDE CAVITE

Request for non-emergency ambulance transport (Ex. Going to other Provinces or Regions)

OFFICE OR DIVISION	City Disaster Risk Reduction and Management	City Disaster Risk Reduction and Management Office			
CLASSIFICATION	Highly-Technical				
TYPE OF TRANSACTION	G2C – Government to Citizens	G2C – Government to Citizens			
WHO MAY AVAIL OF THE SERVICE	ALL				
CHECKLIST O	F REQUIREMENTS		WHERE TO SECU	RE	
Written request addressed to the City M	layor	Requesting Individua			
Endorsement/Approval letter coming from	om the City Mayor	Office of the City May	or .		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Request for Emergency Medical	1.1 Received the written request and	None	2 minutes	On-duty personnel at the	
Team for non-emergency ambulance	endorsement letter from the City Mayor			dispatching section	
transport to other provinces or regions					
(thru phone, radio, or walk-in)	1.2 Assess the request and collect pertinent		1 minute	Operations and Warning	
	details of the request			Officer	
	1.3 Approve and schedule the request				
2. Wait for an ambulance	2. Dispatch a Response Team to the target	None	5 minutes	On-duty personnel at the	
	location			dispatching section;	
				EMS Team	
	TOTAL	None	8 minutes		

NOTE: Arrival time of ambulance varies (location and situation-dependent). For non-emergency or conduction services, dispatch shall be scheduled depending on the availability of an ambulance.



4. AMBULANCE REQUEST FOR MEDICAL STANDBY

Request for Medical Team and ambulance stand-by during the conduct of events, especially those with high risk of accidents, within the jurisdiction of mus. (Ex. Sporting event, social events etc.)

Imus. (Ex. Sporting event, social events etc.)					
OFFICE OR DIVISION	City Disaster Risk Reduction and Manage	City Disaster Risk Reduction and Management Office			
CLASSIFICATION	Highly-Technical				
TYPE OF TRANSACTION	G2C – Government to Citizens	G2C – Government to Citizens			
WHO MAY AVAIL OF THE SERVICE	All				
CHECKLIST OF	REQUIREMENTS		WHERE TO SECUR	RE	
Written request addressed to the OIC of	C of CDRRM Office Requesting individual / organization				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit a Letter of Request	1.1 Receive letter	None	1 minute	Reception Personnel	
	1.2 Assess the request	None	1 minute	On-duty personnel at the dispatching section, Operations and Warning	
	1.3 Approve and schedule the request	None	1 minute	Officer	
2. Receive confirmation via call/e-	2. Dispatch EMS Team to the target	None	5 minutes	On-Duty Personnel at the	
mail.	location			Dispatching Section;	
				EMS Team	
TOTAL None 8 minutes					

5. INQUIRY ON MONITORED ALERTS AND WARNINGS

Inquiries on Weather Forecasts, storm signals, class suspensions, etc.

OFFICE OR DIVISION City Disaster Risk Reduction and Management Office				
OFFICE OR DIVISION	City disaster Risk Reduction and Manager	ment Office		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL OF THE SERVICE All				
CHECKLIST OF	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			lE .
N/A		N/A		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquire for concern/s through	1. Receive inquiry, advise/answer clients	None	2 minutes	On-duty personnel at the
CDRRMO Hotlines, Radio	based on CDRRMO Monitoring System			dispatching section &
Communications or Social Media				monitoring section
	TOTAL	None	2 minutes	



6. REQUEST FOR SEMINARS, TRAININGS, WORKSHOPS, AND SIMULATION DRILLS

Request asking for DRRM related Trainings, First-aid, and Basic Life Support training.

OFFICE OR DIVISION	City Disaster Risk Reduction and Manager	ment Office			
CLASSIFICATION	Highly- Technical	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizens				
WHO MAY AVAIL OF THE SERVICE	All				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
Written request addressed to the OIC o	f CDRRM Office	Requesting individual	organization		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE	
			TIME		
Submit a Letter of Request	1.1 Receive letter	None	2 minutes	Reception personnel	
				Admin & Training Officer	
	1.2 Assess the request and verify the	None	3 minutes	Admin & Training Officer	
	availability of the schedule				
		None	3 minutes		
	1.3 Approve and schedule the request				
		NI	3 minutes	Admin & Training Officer	
2. Receive confirmation through call or	2. Prepare, send, and communicate	None	3 minutes	Admin & Training Officer	
2. Receive confirmation through call or email	2. Prepare, send, and communicate confirmation through call or email	None	3 minutes	Admin & Training Officer	



7. SEARCH, RESCUE AND RETRIEVAL ASSISTANCE

Request for planned and precise search and rescue and/ or retrieval operations. (Ex. Collapse structure, High angle rescue, water search and rescue, etc)

OFFICE OR DIVISION	City Disaster Risk Reduction and Manager	,	<u>, g . g</u>	.,,
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL OF THE SERVICE	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		N/A		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call for assistance	1.1 Receive request details 1.2 Determine the nature/level of response caller/patient's status and information 1.3 Forward dispatch details to the dispatch and communications section	None	2 minutes	On-duty personnel at the dispatching section
2. Wait for SAR Team to arrive	2. Dispatch Response Team to the target location	None	10 minutes	On-duty personnel at the dispatching section;SAR/EMS Team
	TOTAL	None	12 minutes	

NOTE: Arrival time of SAR / EMS Team varies (location and situation-dependent). Does not include SWAT Rescue-related incidents



8. REQUEST FOR PNP/BFP ASSISTANCE

Provide for immediate PNP/BFP assistance to our constituents. (Ex. Grass fire, Industrial fire, Residential Fire, Police assistance for vehicular accidents and mauling etc.)

and mauling etc.)					
OFFICE OR DIVISION	City Disaster Risk Reduction and Manager	City Disaster Risk Reduction and Management Office			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizens	G2C – Government to Citizens			
WHO MAY AVAIL OF THE SERVICE	All				
CHECKLIST OF	OF REQUIREMENTS WHERE TO SECURE				
None	N/A				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE	
			TIME		
1. Request for PNP/BFP assistance thru phone, radio or walk-in	1.1 Collect all pertinent details	None	2 minutes	On-duty personnel at the dispatching section	
	1.2 Determine the nature/level of response caller/patient's status and information	None			
	1.3 Forward details to PNP or BFP	None			
2. Wait for Fire Rescue Team to arrive	2. Dispatch Response Team to the target location if needs arise	None	5 minutes	On-duty personnel at the dispatching section;	

TOTAL

None

7 minutes

NOTE: Arrival time of Fire Rescue Team varies (location and situation-dependent)



Fire Rescue Team

9. ISSUANCE OF CERTIFICATE FOR THE AREAS AFFECTED BY CALAMITY

9. ISSUANCE OF CENTIFICATE FOR THE AREAS AFFECTED BY CALAMITY				
OFFICE OR DIVISION	City Disaster Risk Reduction and Manager	ment Office		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL OF THE SERVICE	All			
CHECKLIST OF	F REQUIREMENTS WHERE TO SECURE			
Barangay Certification		Designated Barangay		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit Barangay Certification	1. Receive Barangay Certification and	None	2 minutes	OIC - CDRRMO
	conduct a short interview			
2. Receive Certification	2.1 Prepare Certification	None	2 minutes	Admin and Training
				Division Staff.
	2.2 Issue Certification	None	1 minute	Admin and Training
				Division Staff.
	TOTAL None 5 minutes			

NOTE: Certifications can be issued only when the City is under the State of Calamity



10. REQUEST FOR IMUS CCTV COPY OF FOOTAGE

Request to review CCTV Footage and Copy of the incident footage.

OFFICE OR DIVISION	City Disaster Risk Reduction and Manager	ment Office		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL OF THE SERVICE	Victims of incidents			
CHECKLIST O	REQUIREMENTS		WHERE TO SECUR	RE
PNP Blotter		PNP		
Valid IDs		Client		
Barangay Clearance		Designated Barangay		
Submit written request		Office of the City Mayo	r	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit all requirements	1.1 Receive, and assess documents submitted1.2 Approve request	None None	2 minutes 3 minutes	Research & Planning Officer Research, Planning & Monitoring Division Staff
2. Viewing of the CCTV Footage	Review of CCTV Footage based on the given time, date and location of the client	None	1 hour	Research & Planning Officer Research, Planning & Monitoring Division Staff
Receive certification	3. Issue Certification	None	1 minute	OIC - CDRRMO
4. Receive Copy	4. Release Copy	None	2 minutes	Research & Planning Officer; Research, Planning & Monitoring Division Staff
	TOTAL	None	1 hour and 8 minutes	

*NOTE: Time depends on the viewing of the CCTV coverage



11. OTHER PUBLIC ASSISTANCE SERVICES

This service includes the following:

- Missing Person
- Request for a copy of Hazard Maps/Plans
 Reporting of Power Interruptions

Reporting of Power Interruptions				
OFFICE OR DIVISION	City Disaster Risk Reduction and Manager	ment Office		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL OF THE SERVICE	All			
CHECKLIST OF	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Picture of Missing Person and informati	on	Client		
Letter of Request for Hazard Maps / Pla	ans	Client		
Customers Account Number of MERAL	RALCO Client			
Name and address reflected on the billi				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the requirement	1.1 Receive and assess the document submitted.1.2 Announce missing person	None	2 minutes	On-duty personnel at the dispatching section
2. Submit a Letter of Request for Maps	Check files and print/email requested maps	None	1 minute	Research & Planning Officer
3. Call for CDRRMO Assistance	3.1 Get Customer Account No., Name, Contact number, and address 3.2 Call MERALCO to follow up on power interruptions	None	2 minutes	On-duty personnel at the dispatching section
	TOTAL	None	5 minutes	



12. EMERGENCY RESPONSE/ INITIAL FIRST AID (CITY HALL COMPLEX)

Emergency medical services are requested within the vicinity of the New City Hall Complex (Ex. High Blood Pressure, Injuries, and others)

Emergency medical services are requested within the vicinity of the New Oily Hall Complex (Ex. High blood 1 residues, and others)				
OFFICE OR DIVISION	City Disaster Risk Reduction and Manager	ment Office		
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizens	G2C – Government to Citizens		
WHO MAY AVAIL OF THE SERVICE	All			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECUR	RE
N/A		N/A		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Walk-in request	1.1 Receive request details 1.2 Determine the nature/level of response caller/patient's status and information 1.3 Forward dispatch details to the dispatch and communications section	None	2 minutes	On-duty personnel at the Reception area
2. Wait for an ambulance	Dispatch a Response Team to the target location	None	2minutes	On-duty personnel at the CDRRMO Office First Aid Station Personnel.
	None	4 minutes		



13. REQUEST FOR BLOOD BAGS

Blood bag requests for emergency and non-emergency cases.

OFFICE OR DIVISION	City Disaster Risk Reduction and Manager	City Disaster Risk Reduction and Management Office			
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens				
WHO MAY AVAIL OF THE SERVICE	ALL				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
Doctor's Blood Request Form		Hospital where the pat	ient is admitted		
Cooler with ice	Client Will Provide				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Walk-in request	1.1 Receive request details1.2 Receive, and assess documents submitted.1.3 Coordination with Red Cross for the availability of blood bags.	None	4 minutes	On-duty personnel at the Reception area	
2. Receive form	2. Issue original form with a signature from OIC - CDRRMO	None	1 minute	OIC - CDRRMO	
	TOTAL	None	5 minutes		



CITY OF IMUS COOPERATIVE, LIVELIHOOD AND ENTREPRENEURIAL, DEVELOPMENT OFFICE

EXTERNAL SERVICES



1. REQUEST FOR COOPERATIVE DOCUMENTARY PRINTOUTS

Clients may request for the cooperative documentary printouts for the formulation of cooperative policies and compliance with cooperative development authority requirements.

OFFICE OR DIVISION	CICLEDO – Cooperative Division			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents and non-residents of the City of Im-	us		
CHECKLIS'	KLIST OF REQUIREMENTS WHERE TO SECURE			
Duly Accomplished Request Form -	ned Request Form – 1photocopy CICLEDO – Cooperative Division			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the request	1. Receive the request and refer the client to	None	2 minutes	Adela Cabrera
	the concerned personnel			
2. Undergo the interview with the	2. Interview client and print the requested	None	10 minutes	Generoso Ramos Jr.
concerned personnel;	document		1 minute	Jennifer Gandia
Receive the document	Release the document	None		
Fill-out Client Satisfaction Rating Form				
TOTAL None 13 minutes				



2. REQUEST FOR FINANCIAL ASSISTANCE

Cooperatives operating in the City of Imus may request for financial assistance to other cooperative related activities.

OFFICE OR DIVISION	CICLEDO – Cooperative Division				
CLASSIFICATION	Complex	Complex			
TYPE OF TRANSACTION	G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	Duly registered cooperatives operating in the Cit	y of Imus			
CHECKLIS	T OF REQUIREMENTS WHERE TO SECURE			E	
Proof of Sangguniang Panlungsod	Accreditation (1 photocopy)	Client/ Cooperative M	ember		
Request Letter (1 photocopy)		Client/ Cooperative M	ember		
Pertinent attachments for purpose of	of assistance (1 original copy of each document)	Client/ Cooperative M	ember		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the requirements.	1.1 Receive and inspect the requirements	None	2 minutes	Adela Cabrera	
	1.2 Forward the document to the Office of the City Mayor for Approval	None			
	1.3 Transmit to the Sanggunian Panglungsod for the resolution.	None	7 Days	Administrative Unit	
	1.4 Process the voucher.	None			
	1.5 Message the client for the availability of check	None			
2. Receive the check.	2. Release the check.	None	2 minutes	City Treasurer's Office	
	Fill-out Client Satisfac	tion Rating Form			
	TOTAL None 1 week and 4 minutes				

NOTE: Processing of Vouchers varies.



3. SCHEDULING OF COOPERATIVE TRAINING AND SEMINAR

Officers of cooperatives operating in the City of Imus must comply the training and seminar mandated by the Cooperative Development Authority.

OFFICE OR DIVISION	CICLEDO – Cooperative Division			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	Duly registered cooperatives operating in the Ci	ty of Imus		
CHECKLIS	ST OF REQUIREMENTS WHERE TO SECURE			
Request Letter (1 photocopy)	Letter (1 photocopy) Client/ Cooperative Member			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIBLE		
1. Submit the request	Receive the request and refer the client to the concerned personnel	None	2 minutes	Kristine Joy Nuestro
2. Undergo the interview	2. Interview the client	None	20 minutes	Generoso Ramos Jr., Jennifer Gandia
3. Confirm the schedule of the training/seminar	3. Record the schedule	None	2 minutes	Generoso Ramos Jr., Jennifer Gandia
Fill-out Client Satisfaction Rating Form				
	TOTAL None 24 minutes			

NOTE: Period of actual conduct of trainings and seminars vary depending on the type of seminar



4. SCHEDULING OF NEEDS ANALYSIS FOR ORGANIZATION OF COOPERATIVES (PRIMARY/SECONDARY/LABORATORY)

Assistance to would-be cooperatives by conducting needs analysis and orientation in coops as mandated by Republic Act 9520 otherwise known as the PCC of 2008.

OFFICE OR DIVISION	CICLEDO – Cooperative Division				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	Groups/Individuals intending to organize cooper	atives			
CHECKLIS'	CKLIST OF REQUIREMENTS WHERE TO SECURE				
Request letter addressed to the City	City Mayor or Department Head (1 photocopy) Client/Cooperative Member				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the request	1. Receive the request and refer the client to	None	2 minutes	Adela Cabrera	
	the concerned personnel				
2. Undergo the interview	2. Interview the client	None	55 minutes	Generoso Ramos Jr.,	
				Jacquilyn Lara	
Confirm the schedule	3. Schedule the Needs Analysis and	None	2 minutes	Generoso Ramos Jr.,	
	Orientation			Jacquilyn Lara	
Fill-out Client Satisfaction Rating Firm					
	TOTAL None 59 minutes				



5. SCHEDULING OF INTERVENTION FOR AILING DISTRESSED COOPERATIVES

Provide assistance in implementing plans and programs for distressed cooperatives and newly organized cooperatives.

OFFICE OR DIVISION	CICLEDO – Cooperative Division				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	Duly registered cooperatives operating in the City of Imus				
CHECKLIS	OF REQUIREMENTS WHERE TO SECURE				
Letter Request (1 photocopy)	Client/ Cooperative Member				
CDA – Certificate of Registration (1	Client/ Cooperative Member				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit the request	1. Receive the request and refer the client to the concerned personnel	None	2 minutes	Adela Cabrera	
2. Undergo the interview	2. Assess the background of cooperative and the need for intervention	None	55 minutes	Generoso Ramos Jr., Jacquilyn Lara	
3. Confirm the schedule	3. Record the schedule	None	2 minutes	Generoso Ramos Jr., Jacquilyn Lara	
Fill-out Client Satisfaction Rating Form					
TOTAL None 59 minutes					



6. ASSISTANCE IN SECURING BUSINESS PERMITS FOR COOPERATIVES

Cooperatives operating in the City of Imus are provided assistance for the immediate processing of their business permits.

OFFICE OR DIVISION	CICLEDO – Cooperative Division			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	Duly registered cooperatives operating in the City of Imus			
CHECKLIS'	T OF REQUIREMENTS		WHERE TO SECURE	
Mayor's Permit – Old Copy (1 photod	copy)	Client/Cooperative Mo	ember	
Barangay Endorsement (1 photocop	y)	Barangay Hall – resp	ective Barangay area	
CLIENT STEPS	AGENCY ACTION	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the requirements	1.1 Receive the request and refer the client to the concerned personnel.	None	2 minutes	Adela Cabrera
	1.2 Process documents for the renewal of business permits to the concerned offices (BPLO, TO)	Php 1, 000.00 (Permit) Php 500.00 (Cedula)	30 minutes	Adela Cabrera
	1.3 Forward the document to the office of the City Mayor for approval	None	3 days	Adela Cabrera
Received the documents	2. Release the documents	None	2 minutes	
Fill-out Client Satisfaction Rating Form				
TOTAL Based on assessment 3 days, 34 minutes				

NOTE: Fees to be paid vary if the cooperative has penalties. Approval of documents vary on the availability of the signatory.



7. CONDUCT LIVELIHOOD AND ENTREPRENEURIAL SKILLS TRAINING (BARANGAY BASED LIVELIHOOD CARAVAN)

Constituents may avail and request this service for those who need to undergo livelihood and entrepreneurial skills training that can be conducted in barangay or training center.

OFFICE OR DIVISION	CICLEDO – Livelihood and Entrepreneurial Division			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	Individuals who needs to undergo livelihood and skills training.			
	Cooperatives, members of cooperatives			
CHECKLIS	KLIST OF REQUIREMENTS WHERE TO SECURE			E
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquire concerns.	1. Accommodate inquiries and concerns. None 3 minutes Bernardita Del Rosa		Bernardita Del Rosario	
Fill-out Client Satisfaction Rating Form				
TOTAL None 3 minutes				

8. PROVIDE ASSISTANCE IN PROMOTING PRODUCTS AND SERVICES

Business people/entrepreneurs, interested individuals, cooperatives and members of cooperatives will be invited and encourage to join the trade fairs to promote their products and services.

OFFICE OR DIVISION	CICLEDO – Livelihood and Entrepreneurial Division			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	Interested individuals, cooperatives, members o	f cooperatives; Busines	ss people/entrepreneurs	
CHECKLIST	T OF REQUIREMENTS WHERE TO SECURE			
Invitation Letter (1 copy)	Livelihood and Entrepreneurial Division			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit invitation letter	1.1 Receive invitation letter and gather needed materials/information.	None	2 minutes	Bernardita Del Rosario, Nelson Villanueva
	1.2 Provide client with needed information in the form of advice or briefing.	None	5 minutes	
2. Confirm the schedule of Trade Fair	2. Record the schedule	None	2 minutes	Nelson Villanueva
	Fill-out Client Satisfac	tion Rating Form		



TOTAL None 9 minutes

9. SCHEDULING OF LIVELIHOOD AND ENTREPRENEURIAL TRAINING AND SEMINAR

Business people/entrepreneurs, interested individuals, cooperatives and members of cooperatives will undergo trainings and seminars for the improvement of their livelihood business dealings to become successful entrepreneurs.

OFFICE OR DIVISION	CICLEDO – Livelihood and Entrepreneurial Division				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2B – Government to Business	G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	Interested individuals, cooperatives, members of cooperatives Business people/entrepreneurs				
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
Invitation Letter (1 copy)	Livelihood and Entrepreneurial Division				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit invitation letter	1.1 Receive invitation letter and gather needed materials/information.	None	2 minutes	Bernardita Del Rosario, Nelson Villanueva	
	1.2 Provide client with needed information in the form of advice or briefing.	None	5 minutes		
2. Confirm the schedule of Training and Seminar	2. Record the schedule	None	2 minutes	Nelson Villanueva	
	Fill-out Client Satisfac	tion Rating Form			
	TOTAL	None	9 minutes		



10. REQUEST FOR CREDIT WINDOW FACILITY

Pursuant to Imus City Ordinance No. 03-124 s. 2019 otherwise known as "Imus City Credit Window Facility" shall allocate funds as loan assistance to qualified business enterprise and cooperatives thru a credit window facility

OFFICE OR DIVISION	CICLEDO – Livelihood and Entrepreneurial Division			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	Would be/existing entrepreneurs.			
	Cooperative, members of cooperatives			
	T OF REQUIREMENTS	WHERE TO SECURE		
For would-be entrepreneurs (1 ph				
Accomplished Loan Application Forn	n	CICLEDO Office -Livelihood and Entrepreneurial Division		
Barangay Certificate / Clearance		Respective Barangay		
Livelihood Caravan attendance or ed	quivalent training	CICLEDO Office -Livelihood and Entrepreneurial Division		
Business Proposal		Client		
	enuine intent and capacity to implement	Client		
entrepreneurial activity.				
For existing entrepreneurs (1 pho	tocopy of each document)			
Accomplished Loan Application Form	n	CICLEDO Office -Livelihood and Entrepreneurial Division		
Barangay Certificate / Clearance		Respective Barangay		
Livelihood Caravan attendance or ed	quivalent training	CICLEDO Office -Livelihood and Entrepreneurial Division		
Business Proposal		CICLEDO Office -Livelihood and Entrepreneurial Division		
DTI Registration		Client/DTI Office		
BIR Registration		Client/BIR Office		
Other documents which may show g	enuine intent and capacity to implement	Client		
entrepreneurial activity.				
For Cooperatives (1 photocopy of	each document)			
Accomplished Loan Application Form	n	CICLEDO Office -Livelihood and Entrepreneurial Division		
Certificate of Accreditation from the S	Sangguniang Panlungsod	Sangguniang Panlungsod		
Business Proposal		Client		
DTI Registration		Client/DTI Office		
BIR Registration		Client/BIR Office		



Other documents which may show genuine intent and capacity to implement		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit letter of intent and accomplished loan application form	required documents, with an initial evaluation and screening of the information submitted and advice the client for the credit investigation	None	2 minutes	Nelson Villanueva
Client awaiting updates	2.1 Conduct credit investigation & business financial standing and consequently complete the Background/Credit Information form.	None		Maria Fides Escalada Bernardita Del Rosario Nelson Villanueva
	2.2 Interview client if he/she is qualified to avail the service.	None	2 weeks	
	2.3 Evaluate & endorse the application for approval.	None		
	2.4 Process documents for check release to concerned offices (CAO, CTO)	None		
	2.5 Inform the client on the status of the request	None		
3. Accept credit assistance	Release credit assistance	None	2 minutes	City Treasurer's Office
	Fill-out Client Satisfac	ction Rating Form		
	TOTAL	None	2 weeks and 4 minutes	

NOTE: Processing of Vouchers varies. For credit window facility, the processing lasts for at least two weeks.



TRICYCLE REGULATORY UNIT EXTERNAL SERVICES



1. ISSUANCE OF CERTIFICATE OF FRANCHISE

The Certificate of Franchise legalizes the operation of tricycle within the City of Imus.

OFFICE OR DIVISION	Tricycle Regulatory Unit				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents and registered voters of the C	All residents and registered voters of the City of Imus			
CHECKLIST C	OF REQUIREMENTS		WHERE TO SECURE		
Application Form (Form 1)		Tricycle Regulatory Unit			
Inspection (Form 3)		Tricycle Regulatory Unit			
Driver's Registration (Form 7)		Tricycle Regulatory Unit			
Community Tax Certificate (Cedula)	of Tricycle Operator and Driver	Tricycle Regulatory Unit			
LTO Official Receipt (OR)/ Certificate	e of Registration (CR)	Land Transportation Offic	е		
LTO Authorization if no plate availab	le	Land Transportation Offic	e		
Valid ID of operator with signature		Client			
Professional Driver's License with Re	Professional Driver's License with Restriction 1 of Authorized Driver		e		
Result of Drug Test (Driver)		Accredited DOH Drug Testing Center			
Previous Certificate of Franchise and Mayor's Permit (f renewal)		Client			
Certificate of Dropping (Change Owner/Motor)		Tricycle Regulatory Unit			
Certificate of Membership or Transfe	r of Membership Rights	TODA			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
	1. Check and evaluate the completeness	None	5 minutes	Cherry Chrisel Jarin	
approval)	of the documents.			Superivising Administrative	
				Officer;	
				Christie De Guzman	
		None		Administrative Officer II	
	2. Submit Form 1 (Application), 2. Inspect tricycle unit and Professional		25 minutes	Ruben Monzon	
Form3 (Inspection Form) and Form	Driver's license			Head – Inspection Team	
7 (Driver's Authorization Form)					
3. Submit the required documents	3.1Assess the necessary fees.	See below	25 minutes	Cherry Chrisel Jarin	
and pay necessary fees.				Supervising Administrative	
				Officer;	
				Christie De Guzman	
				Administrative Officer II	



	3.2 Encode, and print the Certificate of Franchise and tricycle driver ID signed by the TRU Chairman			Cherry Chrisel Jarin Supervising Administrative Officer; Christie De Guzman Administrative Officer II
4. Receive Certificate of Franchise	Issue Certificate of Franchise and	None	3 minutes	TRU Personnel
and Tricycle Driver's ID.	tricycle Driver's ID			
	Fill-out Client Satisf	faction Rating Form		
	TOTAL	Based on assessment	58 minutes	

FEE	NEW	CHANGE OWNER	RENEWAL	CHANGE MOTOR	
Processing	1,500	1,500	*	1,000	* for late
					renewal -
					P 750.00
Filing	100	100	100	100	
Franchise	500	500	500	500	
Supervision	50	50	50	50	
Terminal	50	50	50	50	
Certification	50	50	50	50	
Legal Research	50	50	50	50	
Body Number	300	300	300	300	
Inspection	50	50	50	50	
Documentary	30	30	30	30	
Stamp					
Operator's/Driver	50	50	50	50	
ID /Lost ID					
Certified True					50.00
Сору					
Excess of One					100% of
Year					total
					amount/12
					months
TOTAL	2,730	2,730	1,230	2,230	

Certificate of Franchise Fees and Charges

Additional Franchise fee for Tricycle Owner of more than one (1) franchise	Rate
a. 2 nd unit	₱ 0.00
b. 3 rd unit	0.00
c. 4 th unit	1,000.00
d. 5 th unit	1,500.00
e. 6 th unit	2,000.00



2. ISSUANCE OF MAYOR'S PERMIT FOR TRICYCLE FRANCHISE OWNER

This service ensures the registration of tricycle in LTO and posting of Sticker in the tricycle unit.

OFFICE OR DIVISION	Tricycle Regulatory Unit				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All franchise owners				
CHECKLIST (OF REQUIREMENTS		WHERE TO SECUR	E	
Certificate of Franchise		Tricycle Regulatory Unit			
Certificate of Registration (CR)		Land Transportation Offic	е		
Updated LTO Official Receipt (OR)		Land Transportation Offic	е		
Updated LTO Authorization if no plan		Land Transportation Offic	e		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Process registration in LTO Imus	Processing of request	Based on assessment	(stop time)	Land Transportation Office - Imus	
2. Submit the required documents and pay necessary fees.	2.1 Check the completeness of submitted document.2.2 Assess necessary fees2.3 Encode, print and issue Mayor's Permit duly approved by the TRU Head.	Tricycle Permit – Php 200.00 Supervision Fee – Php 80.00 Documentary Stamp – Php 30.00 Penalty – 25% of total fees + 2% every month *Cancellation of Franchise if not paid after 3 months	10 minutes	Cherry Chrisel Jarin Supervising Administrative Officer; Christie De Guzman Administrative Officer II	
3. Present Mayor's Permit	3. Post the latest sticker to the tricycle unit.	None	5 minutes	Ruben Monzon Head – Inspection Team	
	Fill-out Client Satis	faction Rating Form			
	TOTAL	Based on assessment	15 minutes		



3. ISSUANCE OF SPECIAL PERMIT FOR TRICYCLE WITH FRANCHISE FROM OTHER LOCAL GOVERNMENT UNIT (LGU) To allow tricycle unit with franchise from other LGU to convey passengers to Imus City

OFFICE OR DIVISION	Tricycle Regulatory Unit				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	Franchise Owners from other Local Govern	nment Units			
CHECKLIST C	OF REQUIREMENTS		WHERE TO SECURE		
Application Form (Form 17)		Tricycle Regulatory Unit			
Inspection (Form 3)		Tricycle Regulatory Unit			
Driver's Registration (Form 7)		Tricycle Regulatory Unit			
Community Tax Certificate (Cedula)		Tricycle Regulatory Unit			
LTO Official Receipt (OR)/ Certificate		Land Transportation Office			
LTO Authorization if no plate availab	le	Land Transportation Office	е		
Valid ID of operator with signature		Client			
Professional Driver's License with Restriction 1 of Authorized Driver		Land Transportation Office			
Result of Drug Test (Driver)		Accredited DOH Drug Testing Center			
Previous Special Permit (if renewal)		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit required documents (for	1. Check and evaluate the completeness	None	5 minutes	Cherry Chrisel Jarin	
approval)	of the documents.			Supervising Administrative	
				Officer;	
				Christie De Guzman	
				Administrative Officer II	
2. Submit Form 17	2. Inspect tricycle unit and Professional	None	25 minutes	Ruben Monzon	
(Application),Form3 (Inspection	Driver's license			Head – Inspection Team	
Form) and Form 7 (Driver's					
Authorization Form)					
3. Submit the required documents	3.1 Assess the necessary fees.	TRU Certification – Php	25 minutes	Cherry Chrisel Jarin	
and pay necessary fees.		500.00		Supervising Administrative	
		Body Number –		Officer;	
		Php 300.00		Christie De Guzman	
		Special Permit –		Administrative Officer II	
		Php 300.00			



	3.2 Encode, and print the Special Permit and tricycle driver ID signed by the TRU Chairman.	Inspection - P 100.00 Documentary Stamp – Php 30.00			
4. Receive Special Permit and Tricycle Driver's ID.	Issue Certificate of Franchise and tricycle Driver's ID	None	3 minutes (stop time)	TRU Personnel	
Present Special Permit	Post Special Permit Sticker to the tricycle unit	None	5 minutes	Ruben Monzon Head – Inspection Team	
	Fill-out Client Satisfaction Rating Form				
	TOTAL	Based on assessment	1 hour, 3 minutes		



4. ISSUANCE OF SERVICE PERMIT FOR PRIVATE, BUSINESS, AND SCHOOL SERVICETo regulate the Private, Business and School Service in the use of public streets

OFFICE OR DIVISION	Tricycle Regulatory Unit					
CLASSIFICATION	Simple	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All residents of City of Imus					
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE		
Application Form (Form 15)		Tricycle Regulatory Un	it			
Inspection (Form 16)		Tricycle Regulatory Un	it			
Driver's Registration (Form 7)		Tricycle Regulatory Un	it			
Community Tax Certificate (Cedula)	of Tricycle Operator and Driver	Tricycle Regulatory Un	it			
Updated LTO Official Receipt (OR)		Land Transportation O	ffice			
Certificate of Registration (CR)		Land Transportation O	ffice			
LTO Authorization if no plate availab	le	Land Transportation O	ffice			
Valid ID of operator with signature		Client				
Professional Driver's License with Restriction 1 of Authorized Driver or Non- Professional if tricycle will be used for private service only		Land Transportation Office				
Result of Drug Test (Driver)		Accredited DOH Drug Testing Center				
Certification from the parents and school that the tricycle is going to give service		Schools and parents of	f children			
to the child						
Copy of Business Permit (if tricycle v	vill be used for business)	Business Permits and Licensing Office, 1st Floor, Imus City Hall				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit required documents.	Check and evaluate the completeness of the documents.	None	5 minutes	Cherry Chrisel jarin Supervising Administrative Officer; Christie De Guzman Administrative Officer II		
2. Submit form 15 (Application), Form16 (Inspection Form) and Form 7 (Driver's Authorization Form)	Inspect tricycle unit and Professional Driver's license	None	25 minutes	Ruben Monzon Head – Inspection Team		
3. Submit the required documents and pay necessary fees.	3.1 Assess the necessary fees.	See below	25 minutes	Cherry Chrisel Jarin		

IMUS

	TOTAL	None	1 hour, 3 minutes	
	Fill-out Client Satisfact	tion Rating Form		
				Head – Inspection Team
5. Present Service Permit	5. Post Special Permit Sticker	None	5 minutes	Ruben Monzon
Tricycle Driver's ID.	ID		(stop time)	
4. Receive Service Permit and	4. Issue Service Permit and tricycle Driver's	None	3 minutes	TRU Personnel
	and tricycle driver's ID signed by the TRU Head.			Officer; Christie De Guzman Administrative Officer II
	3.2 Encode, and print the Service Permit			Supervising Administrative

Service Permit for Private, Business and School Service Fees and Charges

TYPE OF APPLICATION	FEES
Private Use (Imus)	330.00
Private Use (another Municipality)	530.00
School Service (Imus)	530.00
School Service (another Municipality)	830.00
Business (Imus)	1,030.00
Business (another Municipality)	1,530.00



5. ISSUANCE OF PEDALED/E-BIKE/BICYCLE PERMIT

To regulate the Pedaled/E-bike/Bicycle in the use of public streets

OFFICE OR DIVISION	Tricycle Regulatory Unit				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All residents of City of Imus				
CHECKLIST OF	REQUIREMENTS		WHERE TO SECURE		
Application Form (Form 11)		Tricycle Regulatory Unit			
Previous Pedaled Permit (if renewal)		Client			
Certification from PODA (if new PODA	A member)	PEDICAB OPERATOR D	RIVER ASSOCIATION (PODA)	
Proof of Purchase (if new)		Client			
Community Tax Certificate (Cedula) of	mmunity Tax Certificate (Cedula) of the owner Tricycle Regulatory Unit				
Barangay Clearance of the Owner	ay Clearance of the Owner Respective Barangay				
Authorization letter if the driver will tra	nsact in behalf of the owner	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit required documents and	1.1 Check and evaluate the	Bicycle –	30 minutes	Cherry Chrisel Jarin	
pay necessary fees.	completeness of the documents.	Php 130.00		Supervising Administrative	
		Pedicab (Padyak) –		Officer;	
	1.2 Assess necessary fees.	Php 255.00		Christie De Guzman	
		Pedicab (E-bike) –		Administrative Officer II	
	1.3 Receive payment.	Php 355.00			
		E-bike (Private)–			
	1.4 Encode and print Pedaled Permit.	Php 330.00			
2. Receive Pedaled Permit and	2. Issue Pedaled Permit and	None	3 minutes	TRU Personnel	
Plate/Sticker	Plate/Sticker duly approved by the TRU				
	Head				
		faction Rating Form			
	TOTAL Based on assessment 33 minutes				



6. ISSUANCE OF CERTIFICATE OF DROPPING

To cancel/drop the granted authority of public convenience to operate a motorized tricycle with franchise.

OFFICE OR DIVISION	Tricycle Regulatory Unit	Tricycle Regulatory Unit			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All franchise owners				
CHECKLIST (OF REQUIREMENTS		WHERE TO SECURE		
Original Certificate of Franchise/ Ma	yor's Permit	Client			
Original Official Receipt (OR)/ Certifi	cate of Registration (CR)	Land Transportation Office	е		
Notarized Deed of Sale (if change of	wner) with two (2) valid ID's with signature	Client			
of both parties					
Notarized Extra Judicial Partition (if the owner died)		Notarial Services			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit the required documents -	1.1 Check and evaluate the completeness	Php 300.00	30 minutes	Cherry Chrisel Jarin	
Personal appearance of Franchise	of the documents.			Supervising Administrative	
Owner and payment of necessary				Officer;	
fess.	1.2 Assess necessary fees.			Christie De Guzman	
				Administrative Officer II	
	1.3 Receive payment.				
	1.4 Encode and print Certificate of				
	Dropping.				
2. Receive Certificate of Dropping	2. Issue Certificate of Dropping	None	3 minutes	TRU Personnel	
2. Receive Certificate of Dropping	•	None faction Rating Form	3 minutes	TRU Personnel	



7. REDEMPTION OF DRIVER'S LICENSE OR VEHICLE PLATE

The process involves verification of the Ordinance Violation Receipt (OVR) issued by the apprehending Enforcer and timely release of confiscated Driver's License and/or Vehicle Plate

OFFICE OR DIVISION	Tricycle Regulatory Unit					
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2C – Government to Citizen					
WHO MAY AVAIL THE SERVICE	All traffic violators who have been issued the OVR for specific violations of tricycle/transport law/s and/or city ordinance/s					
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE				
Blue Copy of the OVR		Apprehending Officer				
Official Receipt of payment		Tricycle Regulatory Unit				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1.1 Present the blue copy of the OVR;	1.1 Releasing officer verifies if the original copy of the OVR and the driver's license/other relevant documents are already transmitted by the issuing/apprehending officer/unit; 1.2 Assess the applicable fee/penalty based on the indicated violation;	None	10 minutes	Cherry Chrisel Jarin Supervising Administrative Officer; Christie de Guzman Administrative Officer II		
2. Receive the Order of Payment (OP)	2. Release Order of Payment (OP)	None	2 minute	TRU Personnel		
3. Proceed to the Collection Officer	3. Collection officer receives the		5 minute	TRU Personnel		
and pay the necessary fees.	payment and issues an Official Receipt based on the presented Payment Order (OP)					
4. Present the Official Receipt	4. Releasing officer records the details of the OR and releases the	None	3 minute	TRU Personnel		
	driver's license and/or vehicle plate					
TOTAL		Based on assessment	20 minutes			



8. REDEMPTION OF IMPOUNDED VEHICLE

The process involves verification of the Ordinance Violation Receipt (OVR) issued by the apprehending officer/traffic police officer and timely release of confiscated vehicle key/s. Client is then referred to the vehicle impound facility for redemption of confiscated vehicle/s.

OFFICE OR DIVISION	Tricycle Regulatory Unit					
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2C - Government to Citizen					
WHO MAY AVAIL THE SERVICE	All traffic violators who have been issued the Ordinance Violation Receipt (OVR); has no driver's license and/or does not					
	carry with him/her the vehicles registration papers					
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE				
Blue Copy of the OVR		Apprehending Officer				
Official Receipt of payment		Tricycle Regulatory Unit				
Impounding Release Receipt		Tricycle Regulatory Unit				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Present the blue copy of the	1.1 Releasing officer verifies if the	None	10 minutes	Cherry Chrisel Jarin		
OVR;	original copy of the OVR and the			Supervising Administrative		
	driver's license/other relevant			Officer;		
	documents are already transmitted by			Christie de Guzman		
	the issuing/apprehending officer/unit;			Administrative Officer II		
	4.0. A					
	1.2 Assess the applicable fee/penalty					
	based on the indicated violation					
2. Receive the Order of Payment	2. Receive payment and release	None	1 minute	TRU Personnel		
(OP)	Official Receipt (OR)	None	1 milato	TICO I CISCINICI		
3. Proceed to the Collection Officer	3. Collection officer receives the	Applicable fee/penalty		TRU Personnel		
for payment of penalty	payment and issues an Official Receipt	will depend on the	1 minute			
	based on the presented Payment Order	nature of the traffic				
	(OP)	violation/s as assessed				
4. Present the Official Receipt (OR)	4.1 Record the OR details and issue	None	1 minute	TRU Personnel		
	the Impounding Release Receipt;					
	4.2 Prepare the Order of Release;					



5. Proceed to the TRU impounding area to retrieve the vehicle	4.3 Direct guide the client on how to claim the vehicle at the city impounding area 5. Check the requirement and payment, release the vehicle		5 minutes	Ruben Monzon Head – Inspection Team	
Fill-out Client Satisfaction Rating Form					
TOTAL Based on assessment 21 minutes					



9. ADJUDICATION OF COMPLAINTS AGAINST TRAFFIC ENFORCER

The Tricycle Regulatory Unit practices a fair and just implementation of traffic laws and/or city ordinances. All forwarded complaints are given utmost and careful attention.

OFFICE OR DIVISION	Tricycle Regulatory Unit				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	Any and all traffic violators who believe	that they were unfairly	and/or unjustly charge	ed with a traffic violation by the	
	apprehending traffic enforcer.				
CHECKLIST OI	F REQUIREMENTS		WHERE TO	SECURE	
Verbal or written complaint prepared	by the complainant	Prepared by the con	nplainant		
Blue copy of the Ordinance Violation	Receipt (OVR)	Apprehending enforce	cer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE	PROCESSING	PERSON RESPONSIBLE	
		PAID	TIME		
1. Make a verbal complaint officer	1. Merit of the complaint is assessed			Cherry Chrisel Jarin	
in front of the mediation officer	after the complainant has narrated	None	5 minutes	Supervising Administrative Officer;	
	his/her side of the incident			Christie de Guzman	
				Administrative Officer II	
2. Confront the apprehending	2. Summon the apprehending officer			Cherry Chrisel Jarin	
officer in front of the mediation	for a dialogue with the complainant for	None	10 minutes	Supervising Administrative Officer;	
officer	possible resolution of the problem			Christie de Guzman	
				Administrative Officer II	
3. Redeem his/her violation per	3. Upon resolution of the problem,			Cherry Chrisel Jarin	
covering OVR following Frontline	request the complainant to redeem	None	5 minutes	Supervising Administrative Officer;	
Service Procedures	his/her violation			Christie de Guzman	
				Administrative Officer II	
*** In meritorious cases, file a	*** Office of the City Mayor or City			Staff at the Office of the City Mayor	
formal complaint with the Office of	, , , , , , , , , , , , , , , , , , , ,	None	1 day		
the City Mayor or the City			(arbitrary)		
Administration Office	,		, ,,		
4. Follow-up action on his/her	4. Follow the procedures 1 to 3 above	None	-	TRU Personnel	
complaint					
•	TOTAL	NONE	2 days		



10. INQUIRIES

To deal with their inquiries and concerns regarding the status of their franchise unit

OFFICE OR DIVISION	Tricycle Regulatory Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All Imuseños			
CHECKLIST	T OF REQUIREMENTS WHERE TO SECURE			
Valid ID		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquire concerns	Accommodate inquiries and concerns	None	5 minutes	Cherry Chrisel Jarin
				Supervising Administrative
				Officer;
				Christie de Guzman
	Administrative Officer II			
Fill-out Client Satisfaction Rating Form				
TOTAL None 5 minutes				



CITY VETERINARY SERVICES OFFICE EXTERNAL SERVICES



1. MASS RABIES VACCINATION AND ANIMAL REGISTRATION

A service providing mass rabies vaccination in all barangays and subdivisions within the city – Ordinance Nos. 03-85-S-2017 or "An Ordinance Enacting the Revised City of Imus Anti-Rabies Act of 2017", Section 2. It is the policy of the city to protect and promote the right to health of the people. Toward this end, a system for the control, prevention of the spread and eventual eradication of human and animal rabies shall be provided and the need for responsible pet ownership established.

OFFICE OR DIVISION	City Veterinary Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	Pet owners in City of Imus			
CHECKLIST	ECKLIST OF REQUIREMENTS WHERE TO SECURE			
Vaccination records of pet if any (to	(to be presented on vaccination Date) City Veterinary Services Office			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring pets at the designated	1. Coordinate to barangay captain/s for the	None	5 minutes	Jonadel L. Ramirez;
venue	schedule of rabies vaccination			Haydee D. Olita
Fill-out Client Satisfaction Rating Form				
	TOTAL	None	5 minutes	



2. ANIMAL VACCINATION (WALK-IN CLIENT)

A service provided to the residents of the City of Imus to intensify efforts towards animal disease prevention and control specifically rabies.

OFFICE OR DIVISION	City Veterinary Services Office	·	•		
CLASSIFICATION	Highly - Technical	Highly - Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All pet owners of Imus				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Vaccination card/s of pets if any		City Veterinary Service			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Bring pet for vaccination	Check and evaluate health status of dog or animal	None	5 minutes	Dr. Maribel Depayso – Reyes ; Gilbert G. Remulla	
2. Register the owner and pet profile	2.1 Register, Record and File owner and pet profile.	None	3 minutes	Jonadel L. Ramirez; Haydee D .Olita	
	2.2 Update Vaccination Record	None			
	2.3 Vaccinate the animal	None	5 minutes	Dr. Maribel Depayso – Reyes Gilbert G. Remulla	
	2.4 Release animal to the owner and advice client of the post vaccination care of the animal.	None	2 minutes		
3. Claim vaccination and registration	3. Issue vaccination certificate Card/Booklet.	None	3 minutes	Jonadel L. Ramirez; Haydee D. Olita	
	Fill-out Client Satisfaciton Rating Form				
TOTAL None 18 minutes					



3. ANIMAL CONSULTATION/TREATMENT

This is a service providing assistance to pet owners with regards to their pets most especially those that need medical attention.

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OFFICE OR DIVISION	City Veterinary Services Office	City Veterinary Services Office			
CLASSIFICATION	Highly-Technical		·		
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	THE SERVICE All pet owners of Imus (For large animal livestock animalsthe City Veterinary will visit the location).				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR		
None		N/A			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Bring pet for consultation and treatment	1.1 Interview the owner	None	3 minutes	Jonadel L. Ramirez	
	1.2 Inspect sick animal 1.3 Do basic procedure to establish a tentative diagnosis	None None	10 minutes	Dr. Maribel Depayso – Reyes	
	1.4 Administer appropriate medicine to the animal (if available)	None			
2. Receive medicine and prescription	2. Give prescription and instructions.	None	3 minutes	Dr. Maribel Depayso – Reyes	
	Fill-out Client Satisfaci	iton Rating Form			
	TOTAL	None	16 minutes		
				•	



4. SPAY AND NEUTER SERVICES

A service provided to help control animal population in the City of Imus and provide a longer and healthier life to the pets. It is also a solution that will help in the eradication of rabies disease.

the eradication of fables disease.					
OFFICE OR DIVISION	City Veterinary Services Office				
CLASSIFICATION	Highly-Technical				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All pet owners in the City of Imus				
CHECKLIST	T OF REQUIREMENTS WHERE TO SECURE				
Any valid ID as proof of Imus resider	ncy.	City Veterinary Service	s Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Visit the City Veterinary Office to	1. Interview client if pet is qualified for the	None	5 minutes	Jonadel L. Ramirez;	
avail of the service.	procedure.			Haydee D. Olita	
Sign waiver if fully understood	2.1 Explain the content of the waiver to client.	None	3 minutes	Jonadel L. Ramirez;	
			(stop time)	Haydee D. Olita	
	2.2 Schedule the surgery and advise owner				
	on the pre-operative care of the pet.				
3. Bring pet on the scheduled time	3.1 Conduct the surgery	None	1 hour	Dr. Maribel Depayso –	
of surgery				Reyes	
	3.2 Prescribe medicine and advise client on				
	the post-operative care of the patient				
	Fill out Customer Fe	eedback Form			
	TOTAL None 1 hour, 8 minutes				

NOTE: Surgery depends on the condition of the dog



5. PET MICROCHIPPING

A service provided to tag pets by inserting a microchip that is roughly a size of a grain that carries a unique identification number for each animal. This serves as a lifetime identification of the animal.

OFFICE OR DIVISION	City Veterinary Services Office	City Veterinary Services Office			
CLASSIFICATION	Highly-Technical				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All pet owners in the City of Imus				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECU	RE	
Vaccination card/s as proof that pet	is rabies vaccinated	City Veterinary Service	s Office or any private v	eterinary clinics	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Bring Pet to the City Veterinary Services Office (or specified venue	1.1 Interview client.	None	3 minutes	Jonadel L. Ramirez; Haydee D. Olita	
during events).					
	1.2 Evaluate pet if fit for the procedure.	None	5 minutes	Dr. Maribel Depayso – Reyes	
	1.3 Insert microchips on the pet.	None	2 minutes	-	
				Dr. Maribel Depayso –	
	1.4 Explain to pet owners on how to register their pets to the system of petdentity.	None	2 minutes	Reyes	
				Jonadel L. Ramirez; Haydee D. Olita	
	Fill out Customer Fo	eedback Form	I		
	TOTAL	None	12 minutes		



6. ISSUANCE OF VETERINARY HEALTH CERTIFICATE (VHC)

A service providing Veterinary Health Certificate to clients as compliance to the requirements of the Bureau of Animal Industry if animal is to be travelled to other regions to prevent the spread of animal diseases especially rabies, avian influenza and African swine fever.

entre grant to protect and operation	animal diseases especially rables, avian initial	7112d di 1d 7 iii 10di 1 011 ii 10	0.0		
OFFICE OR DIVISION	City Veterinary Services Office				
CLASSIFICATION	Highly-Technical				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE All pet owners in the City of Imus					
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR		
	is rabies vaccinated (cats and dogs) and New	City Veterinary Service	s Office or any private ve	terinary clinics	
Castle Disease vaccination certification					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Bring Animal/s to the City	1.1 Interview client	None	3 minutes	Haydee D. Olita	
Veterinary Services Office.					
	 1.2 Evaluate the health status of the animal 1.3 If fit, collect blood and nasal/cloacal sample if animal/s presented is avian/s. 1.4 Advise owner on the proper handling of samples before they will bring it to the Bureau of Animal industry for testing. 	None None None	3 minutes 3 minutes/bird 2 minutes	Dr. Maribel Depayso – Reyes Dr. Maribel Depayso – Reyes; Gilbert G. Remulla Dr. Maribel Depayso – Reyes; Gilbert G. Remulla	
	1.5 Advise owner to claim the Veterinary Health Certificate after 14 days. Fill out Customer For TOTAL	None eedback Form None	2 minutes	Haydee D. Olita	



7. ASSISTANCE TO ANIMAL IMPOUNDING OPERATION

A service provided to collect stray animals in all barangays to prevent spread of rabies and as one way of animal population control. Implementation of Ordinance Nos. 2011-117 Sec. 10, "Impounding, Field Control and Disposition of Animal.

Ordinance Nos. 2011-117 Sec. 10	ordinance Nos. 2011-117 Sec. 10, Impounding, Field Control and Disposition of Animal.				
OFFICE OR DIVISION	City Veterinary Services Office	City Veterinary Services Office			
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens	G2C – Government to Citizens			
WHO MAY AVAIL THE	All residents/ Non-Residents of Imus; Barangay	y or Homeowner's Assoc	ciation Officers		
SERVICE					
CHECKLI	ST OF REQUIREMENTS WHERE TO SECURE				
None	City Veterinary Services Office				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Ask assistance in the	1.1 Ask for location & other specifications	None	10 minutes	Jonadel L. Ramirez;	
impounding of stray animals				Haydee D. Olita	
though phone call or personal	1.2 Check availability of the city pound team &	None			
visit.	inform them of the site/location of stray animals				
	to be impounded.				
	1.3 Dispatch the impounding team None				
	Fill out Customer Fo	eedback Form			
TOTAL None 10 minutes					

NOTE: Period of impounding operation will vary depending on various factors.



8. CLAIMING OF IMPOUNDED ANIMALS

A service provided to claim or redeem impounded animals. Implementation of Ordinance Nos. 03-85-S-2017, Sec. 24 – Penalties.

OFFICE OR DIVISION	City Veterinary Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE				
	OF REQUIREMENTS		WHERE TO SECURE	
Proof of ownership	OF REQUIREMENTS	Client		
Updated Community Tax Certification		City Treasurer's Office City Treasurer's Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present Proof of Ownership		None	3 minutes	Jonadel L. Ramirez;
1. Present Proof of Ownership	Check the requirement.	None	3 minutes	Haydee D. Olita
2. Claim the Order of Payment	2. Release Order of Payment	None	2 minutes	Jonadel L. Ramirez; Haydee D. Olita
3. Proceed to City Treasurer's Office and pay the required fee.	3. Receive payment and issue Official Receipt (OR)	Releasing P500.00 Additional penalties: Fine (1st offense) P1,000.00 Fine (2nd Offense) P2,000.00 Fine (3rd Offense) P 3,000.00 If animal is unvaccinated, Fine (1st offense) P 2,000.00 Fine(2nd Offense) P 3,000.00 Fine (3rd Offense) P 5,000.00	15 minutes	City Treasurer's Office
4. Present Requirements	4. Check the completeness of requirements	None	3 minutes	Jonadel L. Ramirez; Haydee D. Olita
			1	

5. Claim Release Stub	5. Issue Release Stub	None	2 minutes	Jonadel L. Ramirez; Haydee D. Olita	
6. Present Release Stub	6. Release Pet/ Animal	None	10 minutes	Jay S. Maliksi; Kervin E. Tapawan; Jose G. Travero	
Fill out Customer Feedback Form					
	TOTAL Based on assessment 35 minutes				



9. ADOPTION PROGRAM

A service opting all qualified impounded dogs for adoptionto give them a second chance to live and find a permanent and loving owner.

OFFICE OR DIVISION	City Veterinary Services Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All interested and qualified adopters				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Any valid ID		City Veterinary Service	s Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present photocopy of any valid	1. Validate & photocopy the identification	None	2 minutes	Jonadel Ramirez;	
ID	card presented			Haydee Olita	
2. Choose dog/cat to adopt	2. Show the dogs/cats opt for adoption	None	1 hour	Kervin Tapawan;	
				Jose Travero	
3. Fill-out the adoption form and	3.1 Assess if adopter is qualified and capable	None	2 minutes	Haydee Olita;	
sign the adoption agreement	to adopt			Jonadel Ramirez	
	0.05	NI	0 1 1	D. M. S. I.B.	
	3.2 Explain briefly the adoption program and	None	3 minutes	Dr. Maribel Depayso –	
	agreement			Reyes; Gilbert G. Remulla	
	3.3 Vaccinate pet with anti-rabies vaccine	None	2 minutes	Gilbert G. Remula	
	and advise owner to have the dog vaccinated	None	2 minutes		
	with other core vaccines.				
	with other core vaccines.				
4. Receive the adopted pet	4. Award dog/cat to the owner	None	2 minutes	Dr. Maribel Depayso –	
	in that a dogress to the owner	1,0110	2	Reyes;	
				Gilbert G. Remulla	
	Fill out Customer Fo	eedback Form	1		
	TOTAL None 1 hour, 11 minutes				

NOTE: Depends on how long the adopter will choose an animal to adopt.



10. ANIMAL DEWORMING

A service providing dewormers or anthelminthic drugs to animals to rid them of parasites such as roundworms, flukes, tapeworms and others; also, to boost their immune system and improve their health status. Vitamins is administered specially to emaciated animals.

OFFICE OR DIVISION	City Veterinary Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	WHO MAY AVAIL THE SERVICE All owners of livestock			
CHECKLIST	ST OF REQUIREMENTS WHERE TO SECURE			
None	N/A			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrange schedule with City Veterinarian	Schedule the proposed activity	None	5 minutes	Jonadel L. Ramirez; Haydee D. Olita
Fill out Customer Feedback Form				
	TOTAL	None	5 minutes	



11. SCHEDULING OF BREEDING SUPPORT SERVICES

A service providing assistance to farmers to improve the quality of livestock through artificial insemination, proper management and introduction of new techniques or innovations.

	office of physical and the second of the sec			
OFFICE OR DIVISION	City Veterinary Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	Livestock Owners			
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
None		N/A		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go directly or call the City	1. Get the necessary information of the	None	2 minutes	Jonadel L. Ramirez;
Veterinary Office to coordinate	owner especially the exact location of the			Haydee D. Olita
concerns on livestock production	animal and farmer			•
2. Wait for the update of the office.	2. Coordinate with the Provincial	None	5 minutes	Jonadel L. Ramirez;
	Veterinarian for insemination			Haydee D. Olita
Fill out Customer Feedback Form				
	TOTAL None 7 minutes			

NOTE: Depends on the number of animals to be inseminated



12. ANTE - MORTEM & POST - MORTEM

Inspection of animals before & after slaughter to ensure that all animals accepted are fit for slaughter; free form diseases; clean safe to eat meat & meat by-products.

products.	1 0 1 0 m				
OFFICE OR DIVISION	City Veterinary Services Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	Meat Dealers/Traders				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
None	N/A				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Secure all necessary requirements for slaughter	Check completeness of all necessary requirements presented.	None	5 minutes	CSU on duty	
Bring animals for slaughter at the City Slaughterhouse	Receive & record the number of animals.	None	3 minutes	CSU on duty	
	Inspect all the animals if fit for slaughter (ante – mortem inspection)	None	5 minutes	Ronnie M. Sapin; Magfelio Lopez	
	Slaughter/Butcher all animals that passed the inspection & accepted for slaughter.	None	15 minutes	Butchers	
	Inspection of carcasses (post – mortem inspection) if fit to consume.	None	5 minutes	Magfelio Lopez; Melvin Romilla	
	Record dressed weight of animals.	None	1 minute	Alrex B. Legion; Lorenzo Santiago; Juanito Del Rosario Jr.	
	7. Issuance of Meat Ispection Certificate.	None	3 minutes	Magfelio Lopez; Jamaica Quiba Menguito; Melvin Romilla	
	Carcasses ready for dispatch.	None			
	Fill out Customer Feedback Form				
	TOTAL	None	37 minutes		
				l .	

NOTE: Depends on the number of animals to be inspected



13. POST ABATTOIR INSPECTION

Inspection of meat and meat by – products in all Private/Public markets in the City of Imus to ensure that they are slaughtered in an accredited slaughterhouse.

OFFICE OR DIVISION	City Veterinary Services Office	•	,	-
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	Meat Vendors/Traders			
	OF REQUIREMENTS		WHERE TO SECUR	RE
None		N/A		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Secure all necessary permits for meat stalls operation.		None	15 minutes	Gilbert G. Remulla
	Conduct inspection in all meat stalls in the City.	None	3 hours	Dr. Maribel Depayso – Reyes; Gilbert G. Remulla; Kervin E. Tapawan; Jose G. Travero; Jay S. Maliksi
	 Confiscation of all unfit meat & meat- by products if there is and giving of final warning to all violators. 	None	45 minutes	Dr. Maribel Depayso – Reyes; Gilbert G. Remulla
	Blotter incidence to the nearest police station in the area.	None	10 minutes	Gilbert G. Remulla
	5. Donate fit to eat meat & meat-by products to charitable institutions in the City.6. Dispose all unfit meat & meat-byproducts by burying.	None	1 hour	Gilbert G. Remulla; Kervin E. Tapawan; Jose G. Travero; Jay S. Maliksi
				-
	Fill-out Client Satist		1	
	TOTAL	None	2 hours, 13 minutes	



CITY AGRICULTURE SERVICES OFFICE EXTERNAL SERVICES



1. REGISTRATION TO REGISTRY SYSTEM FOR BASIC SECTOR IN AGRICULTURE (RSBSA)

This is to register farmers as basic requirements in availing Agri-Fishery related government services particularly for programs and projects of the Department of Agriculture and other National Government Agencies.

of Agriculture and other National Government Agencies.					
OFFICE OR DIVISION	City Agriculture Services Office	City Agriculture Services Office			
CLASSIFICATION	Simple			·	
TYPE OF TRANSACTION	G2G – Government to Government' G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All farmers in the City of Imus (Rice, Vegetab	All farmers in the City of Imus (Rice, Vegetable and Livestock Farmer/Growers)			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Duly Accomplished RSBSA Form		City Agriculture Service	es Office		
Barangay Certification		Residence Barangay			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Fill out the RSBSA Form.	1. Issuance of RSBSA Form.	None	2 minutes	Dan Kevin P. Mojica Paul John C. Rodrin Jessica-An M. Morales Desierin R. Alcantara May Ann C. Villa	
2. Undergo interview with the assigned Agricultural Extension Worker.	2. Conduct interview to Farmers.	None	5 minutes	Dan Kevin P. Mojica Paul John C. Rodrin Jessica-An M. Morales Desierin R. Alcantara May Ann C. Villa	
3. Secure Barangay Certificate (Residence and Farm Location).	accomplished RSBSA Form	None	10 minutes	Jessica-An M. Morales Dan Kevin P. Mojica	
	Fill-out Client Satisfac	tion Rating Form	.		
	TOTAL	None	17 minutes		



2. ISSUANCE OF PALAY

Provision of high quality of palay seeds to the farmers for the increase of production and help them to cope with the lowest price of their paddy output.

OFFICE OR DIVISION	City Agriculture Services Office				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2G – Government to Government' G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All farmers in the City of Imus included in the master list registered to Registry System for Basic Sector in Agriculture				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Duly Accomplished Client Form		City Agriculture Service	es Office		
Request Slip		City Agriculture Service	es Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the requirements.	Assess the requirements.	None	2 minutes	Dan Kevin P. Mojica	
				Prescilda D. Igtiben	
2. Undergo interview with the	2. Determine the volume of palay seeds	None	5 minutes	Dan Kevin P. Mojica	
assigned Agricultural Technologist.	needed time for planting and area covered			Paul John C. Rodrin	
	by the farmer.			Jessica-An M. Morales	
				Desierin R. Alcantara	
3. Submit the approved request slip	3. Receive the request slip and issue the	None	15 minutes	Sernan S. Lozada	
and receive the seeds.	seeds.			Christopher L. Sayurin	
	Roy M. Araojo				
	Fill-out Client Satisfac	tion Rating Form			
	TOTAL None 22 minutes				

NOTE: Available during Wet Season (Month of April – May)/Dry Season (Month of October-November)



3. APPLICATION TO CROP INSURANCE PROGRAM

This program insures farmers to Philippine Crop Insurance Corporation for the protection of their crops during calamities.

OFFICE OR DIVISION	City Agriculture Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government' G2C – G	overnment to Citizen		
WHO MAY AVAIL THE SERVICE	All registered Farmers to Registry System for	Basic Sector in Agricult	ure (RSBSA)	
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE .
Duly Accomplished Insurance Applic	ation Form	City Agriculture Service	es Office	
Photocopy of Valid ID				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo interview with the	Conduct interview and assessment.	None	10 minutes	Dan Kevin P. Mojica
assigned Agricultural Extension				Paul John C. Rodrin
Worker.				Jessica-An M. Morales
				Desierin R. Alcantara
2. Fill out Crop Insurance	2. Assist the Farmer in filling up Crop	None	5 minutes	Dan Kevin P. Mojica
Application Form.	Insurance Application Form.			Paul John C. Rodrin
				Jessica-An M. Morales
				Desierin R. Alcantara
3. Submit the duly accomplished	3. Receive the Crop Insurance application	None	2 minutes	Dan Kevin P. Mojica
Crop Insurance Application Form.	form.			Paul John C. Rodrin
				Jessica-An M. Morales
				Desierin R. Alcantara
4. Report to the assigned	4. Assess damages and issue claim for	None	60 minutes	Dan Kevin P. Mojica
Agricultural Extension Worker (In	indemnity application form.			Paul John C. Rodrin
case of damages due to natural				Jessica-An M. Morales
calamities, pest infestation or plant				Desierin R. Alcantara
diseases)				
Fill-out Client Satisfaction Rating Form				
	TOTAL	None	1 hour and 17	
	minutes			



4. ISSUANCE OF VEGETABLE SEEDS

Provision and distribution of quality seeds to farmers; different Schools; Homeowner's Associations, NGO's for Urban/Backyard Gardening; and other clients for sustainable food production.

cherite for dectainable food production	••				
OFFICE OR DIVISION	City Agriculture Services Office	City Agriculture Services Office			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government, G2C – Government to Citizen, G2B – Government to Businesses				
WHO MAY AVAIL THE SERVICE	All residents in the City of Imus/Schools/Homeowners Associations and all Farmers				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Request Letter (for Gulayan sa Paar	alan Program and Communal Garden)	Client			
Duly Accomplished Client Form		City Agriculture Service	es Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit the requirements.	Assess the requirements.	None	1 minute	Prescilda D. Igtiben	
				May Ann C. Villa	
				Desierin R. Alcantara	
2. Undergo interview with the	2. the seeds needed time for planting and	None	5 minutes	Prescilda D. Igtiben	
assigned Agricultural Extension	area covered by the farmer.			May Ann C. Villa	
Worker.				Desierin R. Alcantara	
3. Fill out the Clients' Form.	Assist the client in filling out the form.	None	3 minutes	Prescilda D. Igtiben	
				May Ann C. Villa	
				Desierin R. Alcantara	
Receive the vegetable seeds.	4. Issue the Vegetable Seeds.	None	1 minute	Prescilda D. Igtiben	
				May Ann C.Villa	
	Desierin R. Alcantara				
	Fill-out Client Satisfac	tion Rating Form			
	TOTAL	None	10 minutes		



5. ISSUANCE OF ORGANIC/INORGANIC FERTILIZER

Issues organic/non-organic fertilizer as part of the intervention coming from the National government in support to the Plant Plant Plant program in attaining the food sufficiency and sustainability.

the 1000 sufficiency and sustainability	•			
OFFICE OR DIVISION	City Agriculture Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government, G2C – Government to Citizen, G2B – Government to Businesses			
WHO MAY AVAIL THE SERVICE	All residents in the City of Imus/Educational Institutions and Homeowners Associations/All farmers in the City of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	(E
Request Letter		Client		
Duly Accomplished Client Form		City Agriculture Service	es Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the request letter.	1. Receive/check the letter.	None	2 minutes	Robert R. Marges
				Prescilda D. Igtiben
				May Ann C. Villa
2. Undergo interview.	Conduct interview to clients.	None	5 minutes	May Ann C. Villa
				Jessica-An M. Morales
				Paul John C. Rodrin
				Dan Kevin P. Mojica
3. Receive the fertilizer.	Distribute the fertilizer.	None	5 minutes	Sernan S. Lozada
				Christopher L. Sayurin
				Roy M. Araojo
	Fill-out Client Satisfac	tion Rating Form		
TOTAL None 12 minutes				

NOTE: Upon availability of fertilizer.



6. FIELDWORK ACTIVITIES

Conduct regular weekly field work activities, monitors and render technical assistance to the farmers. Provide proper advise and suggestions to maintain and assure the increase on their production of crops

OFFICE OR DIVISION	City Agriculture Services Office	, 0			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government, G2C – G	Sovernment to Citizen, G	2B – Government to Bus	sinesses	
WHO MAY AVAIL THE SERVICE	All farmers in the City of Imus				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE .	
Request Letter		Client			
Duly Accomplished Client Form		City Agriculture Service	es Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Request farm visitation.	Schedule farm visitation.	None	1 minute	All A.E. W's	
2. Assists A.E.W. in the farm.	2.1 Conducts/Monitors/Assess in their area of production. 2.2 Render technical assistance.	None	45 minutes	Dan Kevin P. Mojica Paul John C. Rodrin Jessica-An M. Morales Desierin R. Alcantara Prescilda D. Igtiben May Ann C. Villa	
3. Report technical problems.	3. Provides recommendations/advice as needed.	None	45 minutes	All A.E.W's	
	Fill-out Client Satisfac	tion Rating Form			
TOTAL None 91minutes					



7. PROVIDE TRAINING ASSISTANCE/ESTABLISHMENT OF COMMUNITY/INSTITUTIONAL GARDENING/ORGANIC FARMING

This is to strengthen the skills and knowledge for establishing the standard of competency; Establishment of Community/ Institutional Garden through Organic Farming and to develop vegetable production through naturally grown practices.

OFFICE OR DIVISION	City Agriculture Services Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government, G2C – Government to Citizen, G2B – Government to Businesses				
WHO MAY AVAIL THE SERVICE	All residents in the City of Imus; All farmers in	the City of Imus.			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	lE .	
Request Letter		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the requirements.	Assess the kind of training needed.	None	10 minutes	Robert R. Marges Prescilda D. Igtiben May Ann C. Villa Desierin R. Alcantara Jessica-An M. Morales Paul John C. Rodrin Dan Kevin P. Mojica Janette Paula E. Ortiz	
2. Wait for schedule.	2. Schedule the training and provide instructions for the needed preparations.	None	5 minutes	Robert R. Marges	
	Fill-out Client Satisfaction Rating Form				
	TOTAL	None	15 minutes		



8. PROVIDE SOIL ANALYSIS

This is to determine the soil nutrient levels and fertilizer recommendations needed for a high yielding produce and best quality of crops.

OFFICE OR DIVISION	City Agriculture Services Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government, G2C – Government to Citizen, G2B – Government to Businesses				
WHO MAY AVAIL THE SERVICE	All residents in the City of Imus; All farmers in	the City of Imus.			
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE			
Request Letter		Client			
Duly Accomplished Client Form		City Agriculture Service			
Soil Sample		Area requested by Far			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the Request Letter.	1.1 Assess the requirements.1.2 Interview and schedule the client for soil	None	5 minutes	Robert R. Marges Prescilda D. Igtiben	
	sampling.				
2. Assist the assign Agriculturist in the barangay for the collection of soil sample for testing and analysis.	2.1 Collect the sample and record the complete information.	None	60 minutes	Robert R. Marges Dan Kevin P. Mojica Paul John C. Rodrin	
	2.2 Analyze the soil sample, draft the fertilizer recommendation, and notify the client on the availability of the result.		75 minutes	Jessica-An M. Morales Desierin I. Rodrin May Ann C. Villa	
3. Receive the result of soil analysis.	3. Issue Soil Analysis and Fertilizer Recommendation.	None	5 minutes	Robert R. Marges Dan Kevin P. Mojica Paul John C. Rodrin Jessica-An M. Morales Desierin I. Rodrin May Ann C. Villa	
	Fill-out Client Satisfaction Rating Form TOTAL None 145 minutes				
TOTAL None 145 minutes					

NOTE: May take up days depending on the dryness of the soil sample.



9. ISSUANCE OF SEEDLINGS

The seedlings were used for tree planting activities and can provide cooling as shade trees and habitat to various species.

	or planting don't more and ball provide occuring a		at to tame an openion		
OFFICE OR DIVISION	City Agriculture Services Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government, G2C – G	G2G – Government to Government, G2C – Government to Citizen, G2B – Government to Businesses			
WHO MAY AVAIL THE SERVICE	All farmers, homeowners, associations, educational institutions, government organizations and non-government				
	organizations in the City of Imus.				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Request Letter		Client			
Duly Accomplished Client Form		City Agriculture Service	es Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIBLE			
Submit the requirements.	Assess the requirements.	None	2 minutes	Robert R. Marges	
				Desierin R. Alcantara	
				Prescilda D. Igtiben	
				Janette Paula E. Ortiz	
2. Undergo interview with the	2.1 Interview the client.	None	5 minutes	Robert R. Marges	
assigned Agricultural Technologist.				Desierin R. Alcantara	
	2.2 Approve and issue the release slip.			Paul John C. Rodrin	
3. Submit the release slip and	3. Receive the release slip and issue the	None	15 minutes	Christoper L. Sayurin	
receive the seedlings.	seedlings.			Sernan S. Lozada	
				Cristina T. Tanjay	
				Roy M. Araojo	
Fill-out Client Satisfaction Rating Form					
	TOTAL None 22 minutes				



10. PROVIDE FARM EQUIPMENT SERVICES (TRACTOR AND THRESHER)

Provision of equipment for land preparation of Rice Production and communal garden as per request of the farmers and other clients in City of Imus.

OFFICE OR DIVISION	City Agriculture Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G - Government to Government, G2C - C	Sovernment to Citizen		
WHO MAY AVAIL THE SERVICE	All farmers in the City of Imus.			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE .
Application Form		City Agriculture Service	es Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the accomplished form.	Assess the application form and check	None	5 minutes	Robert R. Marges
	the availability of tractor or thresher.			Jessica-An M. Morales
				Prescilda D. Igtiben
5	2.1 Interview the client.	None	5 minutes	Robert R. Marges
the approved application form.				Desierin R. Alcantara
	2.2 Approval of the request.		2 minutes	
3. Present the approved application	3. Receive the approved form and record	None	2 minutes	Christopher L. Sayurin
form to tractor operator,	the schedule of the use of equipment.			Roy M. Araojo
				Sernan S. Lozada
Fill-out Client Satisfaction Rating Form				
TOTAL None 14 minutes				



11. REGISTRATION OF AGRICULTURAL MACHINERIES AND FARM EQUIPMENTS (RA 10601: AFMECH LAW)

All owners of agricultural and fisheries machinery and equipment must register these with the agriculture office of the city.

OFFICE OR DIVISION	City Agriculture Services Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government, G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All owners of Agricultural machineries and	farmers association			
CHECKLIST C	OF REQUIREMENTS		WHERE TO SECURE		
Certificate of Location/Address		Residence Barangay			
Duly Accomplished prescribed Regis		City Agriculture Services Office			
Any evidence of acquisition/ownersh	ip (Official Receipt)	Owner/Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Accomplish all the requirements.	Receive and assess all the requirements.	None	5 minutes	Robert R. Marges Jessica-An M. Morales Dan Kevin P. Mojica	
2. Prepare for inspection of farm machineries.	2. Schedule for inspection.	None	20 minutes	Jessica-An M. Morales Dan Kevin P. Mojica Paul John C. Rodrin Desierin R. Alcantara	
Secure inspection certificate.	3. Issue inspection certificate.		2 minutes	Jessica-An M. Morales Dan Kevin P. Mojica Paul John C. Rodrin Desierin R. Alcantara	
4. Proceed for payment*	Issuance of Official Receipt (Treasurers Office)	P100.00: lower than 2 HP P200.00: 2HP to 14 HP P300.00: above 14 HP	5 minutes	City Treasurer's Office	
5. Secure Official Receipt.	5. Release Registration Sticker.		2 minutes	Robert R. Marges Prescilda D. Igtiben Jessica-An M. Morales	
	Fill-out Client Satisf	The state of the s			
	TOTAL None 34 minutes				

NOTE: Approved City Ordinance No. 04-167 Series of 2021 dated June 7, 2021.



12. ACCESS IN FARMERS' INFORMATION TECHNOLOGY SERVICES (FITS) CENTER

Serves as a One-Stop-Information-Shop (OSIS) service facility accessible to many farmers, Entrepreneurs and other clients in City of Imus, Cavite. It provides fast access to information and Technologies in forms appropriate to the client's needs.

provided tast access to illigitiation	Tana recimelegies in ferme apprepriate to the one	11.0 110040.		
OFFICE OR DIVISION	City Agriculture Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government, G2C – Government to Citizen, G2B - Government to Businesses			
WHO MAY AVAIL THE	All residents in City of Imus, farmers, educational institutions and homeowner's associations.			
SERVICE				
CHECKLI	ST OF REQUIREMENTS		WHERE TO SECUR	RE
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
The farmer's and other clientele must directly proceed to the FITS Center.	,	None	5 minutes	Robert R. Marges Prescilda D. Igtiben Dan Kevin P. Mojica Jessica-An M. Morales
	1.2 Securing of Information, Education and Communication (IEC) materials (pamphlets, hand-outs, etc.) that could answer to the clienteles need.	None	10 minutes	Prescilda D. Igtiben Jessica-An M. Morales
	1.3 Securing other information/technologies on agricultural related thru internet connections.	None	20 minutes	Prescilda D. Igitben Dan Kevin P. Mojica
	1.4 Video Viewing on Agri-Related.	None	20 minutes	Prescilda D. Igtiben Jessica-An M. Morales
Receive IEC Materials needed.	Record IEC Materials distributed.	None	3 minutes	Prescilda D. Igtiben Jessica-An M. Morales
Fill-out Client Satisfaction Rating Form				



TOTAL None

58 minutes

CITY AGRICULTURE SERVICES OFFICE INTERNAL SERVICES



1. PRICE MONITORING ON BASIC AGRICULTURAL COMMODITY IN PUBLIC MARKET

Conduct price monitoring of prime commodities in the different market in whole City of Imus as part of the mandate of Local Price Coordinating Council of the City Government.

the City Government.					
OFFICE OR DIVISION	CITY AGRICULTURE SERVICES OFFICE				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government, G2C – Government to Citizen, G2B - Government to Businesses				
WHO MAY AVAIL THE	All residents/consumers in the City of Imus, C	All residents/consumers in the City of Imus, Cavite.			
SERVICE					
CHECKLI	ST OF REQUIREMENTS		WHERE TO SECUR	lE .	
None	one .				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
	1. Conduct price monitoring of basic commodities (Rice, Vegetables, Meat and Fishery and other aquamarine products, egg, sugar, coffee, etc., at City of Imus Public Market and other markets in the City of Imus.		60 minutes	Prescilda D. Igitben Desierin I. Rodrin Dan Kevin P. Mojica May Ann C. Villa	
	Final recording of prices being monitored using the prescribed form used in the prices monitoring,	None	10 minutes	Prescilda D. Igitben Desierin I. Rodrin Dan Kevin P. Mojica May Ann C. Villa	
	TOTAL		70 minutes		



OFFICE ON POPULATION DEVELOPMENT

EXTERNAL SERVICES



1. SCHEDULING OF PRE-MARRIAGE ORIENTATION AND COUNSELING

All couples applying for Marriage License is required to attend the Pre Marriage-Orientation (PopDev) and Counseling (CSWDO) as mandated by the Law.

OFFICE OR DIVISION	Office on Population Development				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	Would-be couples applying for marriage licen	Would-be couples applying for marriage license who have completed the requirements at CCR Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
Personal Appearance in Scheduling		Office on Population Development			
For New Applicant					
Completion Stub and Official Receipt	t	City Civil Registrar and			
Personal Appearance of couples		Office on Population D			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit complete Marriage Stub	Verify requirements	None	3 minutes	Jhedielle Enrico Figueroa;	
Checklist from City Civil Registrar's				Mary Elizabeth U. Cruz;	
Office				Susan E. Villansana	
2. Fill out Contact Tracing Form,		None	25 minutes	Roda S. Miranda	
Logbook / Information Sheet and	simultaneous interview			Mary Elizabeth U. Cruz;	
Registration Book				Susan E. Villansana	
				Jhedielle Enrico S.	
				Figueroa	
_	3. Instruct and guide the client with adequate	None	15 minutes	Jhedielle Enrico Figueroa;	
Expectations form via Google	privacy			Mary Elizabeth U. Cruz;	
Forms				Susan E. Villansana	
4. Receive PMOC Schedule Stub	4. Issue Personal Information Sheet with	None	3 minutes	Jhedielle Enrico Figueroa;	
	time and date of PMOC seminar			Mary Elizabeth U. Cruz;	
				Susan E. Villansana	
Fill-out Client Satisfaction Rating Form					
TOTAL None 46 minutes					



2. PRE-MARRIAGE ORIENTATION SEMINAR AND ISSUANCE OF CERTIFICATE OF COMPLIANCE

In accordance with Section 15 of RA 10354 and Article 16 of the New Family Code, all would-be couples are required to undergo information and counseling on responsible parenthood and family planning for the issuance of their marriage license from the City Civil Registrar Office after ten (10) days publication period.

OFFICE OR DIVISION	Office on Population Development			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	Would-be couples applying for marriage licen	se		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Personal Appearance of would-be of Marriage Expectations Form	Office on Population Development			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register on the attendance	1. Guide and secure the signatures of the	None	3 minutes	Mary Elizabeth U. Cruz
logbook.	clients.			Susan E. Villansana
2. Attend the Pre-Marriage	2. Conduct and facilitate seminar about	None	4 hours	Maria Theresa C. Sañez
Orientation and Counseling on the	Marriage, Marriage and Relationships,			Jhedielle Figueroa
scheduled date and time	Legalities and Rights, Family Planning,			Susan E. Villansana
	Responsible Parenthood, Gender and			Pilar Laurente
	Development and STIs, HIV and AIDS			
3. Distribution of the Certificate of	3. Issuance of Certificate of Compliance after	None	10 minutes	Jhedielle Enrico Figueroa
compliance.	the seminar.			Mary Elizabeth U. Cruz
				Susan E. Villansana
Fill-out Client Satisfaction Rating Form				
TOTAL None 4 hours, 13 minutes				



3. SCHEDULING OF POPDEV PROGRAMS (SEMINARS)

Office on Population Development conducts seminars/symposium on Adolescent Health and Youth Development (Prevention of Teenage Pregnancy), Responsible Parenthood, Family Planning and Reproductive Health, Gender and Development.

OFFICE OR DIVISION	Office on Population Development	Office on Population Development			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizens	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	Adolescents aged 10-17, Day Care Parents, 4Ps Beneficiaries, Women of Reproductive Age, different organizations and associations				
CHECKLIST OF REQUIREMENTS	QUIREMENTS WHERE TO SECURE				
Letter of Request					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit Letter Request	1.1 Receive Letter Request	None	20 minutes	Maria Theresa C. Sañez Jhedielle Enrico Figueroa;	
1.2 Confirmation of date, time, and place of seminar Susan E. Villansana					
Fill-out Client Satisfaction Rating Form					
TOTAL None 20 minutes					



CITY OF IMUS TRAFFIC MANAGEMENT OFFICE EXTERNAL SERVICES



1. REDEMPTION OF DRIVER'S LICENSE OR VEHICLE PLATE

The process involves verification of the Ordinance Violation Receipt (OVR) issued by the apprehending traffic enforcer and timely release of confiscated Driver's License and/or Vehicle Plate.

OFFICE OR DIVISION	City of Imus Traffic Management Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizens; G2B - Gov			
WHO MAY AVAIL THE SERVICE	All traffic violators who have been issued t	he OVR for specific viol	lations of traffic law/s a	and/or city ordinance/s
	OF REQUIREMENTS		WHERE TO SE	ECURE
Green Copy of the OVR		Issued by the Apprehe		
Order of Payment (OP)		Issued by the CITMO		
Official Receipt of payment		Issued by the CITMO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
OVR to the CITMO releasing officer; 1.2 Receive the Order of Payment	1.1 Releasing officer verifies if the original copy of the OVR and the driver's license/other relevant documents are already transmitted by the issuing/apprehending officer/unit; assess the applicable fee/penalty based on the indicated violation; 1.2 Releasing officer issues the Order of		3 minutes	Edward V. Ilano, Emerito V. Quiño, Janice D. Reyes
(OP) 2. Pay the necessary fees.	Payment 2. CITMO Staff receives the payment and issues an Official Receipt based on the presented Order of Payment (OP)	Based on assessment	4 minutes	Maricel D. Ochoa, Janice D. Reyes
3. Present the Official Receipt to the CITMO Releasing Group	3. Releasing officer records the details of the OR and releases the driver's license and/or vehicle plate		1 minute	Emerito V. Quiño, Janice D. Reyes
	TOTAL	Per violation total indicated on the OVR green copy	8 minutes	



2. REDEMPTION OF IMPOUNDED VEHICLE

The process involves verification of the Ordinance Violation Receipt (OVR) issued by the apprehending officer/traffic police officer and timely release of confiscated vehicle key/s. Client is then referred to the vehicle impound facility for redemption of confiscated vehicle/s.

OFFICE OR DIVISION	City of Imus Traffic Management Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizens; G2B – Government to Business				
WHO MAY AVAIL THE		All traffic violators who have been issued the Ordinance Violation Receipt (OVR); has no driver's license and/or does not			
SERVICE	carry with him/her the vehicles registration papers				
	T OF REQUIREMENTS		WHERE TO SEC	CURE	
Green Copy of the OVR		Issued by the Apprehe			
Order of Payment (OP)		Issued by the CITMO F			
Official Receipt of payment		Issued by the CITMO (
Impounding Release Receipt		Issued by the CITMO F			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE	
			TIME		
1.1 Present the green copy of the OVR to the CITMO releasing officer;	1.1 Releasing officer verifies if the original copy of the OVR and the driver's license/other relevant documents are already transmitted by the issuing/apprehending officer/unit;	None	3 minutes	Edward V. Ilano, Emerito V. Quiño, Janice D. Reyes	
1.2 Receive the Order of Payment (OP)	1.2 Assess the applicable fee/penalty based on the indicated violation				
2. Pay the necessary fees.	2. CITMO Staff receives the payment and issues an Official Receipt based on the presented Order of Payment (OP)	Applicable fee/penalty will depend on the nature of the traffic violation/s as assessed by the CITMO releasing group	4 minutes	Maricel D. Ochoa, Janice D. Reyes	
3. Present the Official Receipt (OR) to the CITMO Releasing Group	3.1 Record the OR details and issue the Impounding Release Receipt;	None	1 minute	Emerito V. Quiño, Janice D. Reyes	



	3.2 Prepare the Order of Release based on the documents for approval by the CITMO Head;3.3 Direct guide the client on how to claim the vehicle at the city impounding area			
4.1 Proceed to the city impounding area and show the Order of Release. 4.2 Retrieve the vehicle	4. Release impounded vehicle.	None	30 minutes	Officer-in-Charge at the Impounding Area
	TOTAL	Total amount of fee/penalty as assessed by the CITMO releasing group	38 minutes	



3. ADJUDICATION OF COMPLAINTS AGAINST TRAFFIC ENFORCER

The City of Imus Traffic Management Office practices a fair and just implementation of traffic laws and/or city ordinances. All forwarded complaints are given utmost and careful attention by the CITMO Admin group.

given dimost and careful attention by the Critivio Admin group.				
OFFICE OR DIVISION	ity of Imus Traffic Management Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens, G2B – Governme	ent to Business		
WHO MAY AVAIL THE	All traffic violators who believe that they were unf	airly and/or unjustly cha	rged with a traffic viola	ation by the apprehending traffic
SERVICE	enforcer.			
CHECKL	IST OF REQUIREMENTS		WHERE TO SEC	URE
Verbal or written complaint prepa	ared by the complainant	Prepared by the compl	ainant	
Green copy of the Ordinance Vio	lation Receipt (OVR)	Issued by the appreher	nding traffic enforcer	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE
			TIME	
1. Make a verbal complaint	1. Merit of the complaint is assessed after the	None	5 minutes	Maricel D. Ochoa
officer in front of the mediation	complainant has narrated his/her side of the			
officer	incident			
2. Confront the apprehending	2. Summon the apprehending officer for a	None	10 minutes	Maricel D. Ochoa
officer in front of the mediation	dialogue with the complainant for possible			
officer	resolution of the problem			
3. Redeem his/her violation per	3. Upon resolution of the problem, request the	None	5 minutes	Maricel D. Ochoa
covering OVR following	complainant to redeem his/her violation			
Frontline Service Procedures				
	TOTAL	None	20 minutes	-
	TOTAL	None	20 minutes	1

NOTE: In meritorious cases, file a formal complaint with the Office of the City Mayor or the City Administrative Office. This will take a day at the Office of the City Mayor.



4. MOTORCYCLE ESCORTS AND/OR TRAFFIC MANPOWER ASSISTANCE

The CITMO provides these allied services to VIPS, guests of the city government, motorcades, parades, funeral processions, weddings and other special events.

OFFICE OR DIVISION	City of Imus Traffic Management Office				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2G – Government to Government, G2C – Go	G2G – Government to Government, G2C – Government to Citizens, G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	Any office of the city government, NGO, barar	ngay officials, church lea	ders, business establi	shments and private citizens	
CHECKLIS	T OF REQUIREMENTS		WHERE TO SEC	URE	
Written request containing the natu	re of the event and other relevant details	Prepared by the reques	sting party		
Permit issued by the Office of the O	City Mayor	Issued by the Office of	the City Mayor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit written request to the Office of the City Mayor	Assess the feasibility of the request against the availability of the motorcycle escort/s; request proponent to secure the Permit	None	5 minutes	Maricel D. Ochoa Mariel D. Ochoa Cedrick C. Flores	
2. Submit written request to the Office of the City Mayor	2. Issues Permit after proponent paid the applicable charge/s	Defined by the Office of the City Mayor	8 minutes	Office of the City Mayor	
3. Submit request with the Permit to CITMO Admin office	3. Process request and assign motorcycle escorts as applicable				
	TOTAL	Based on assessment	18 minutes		



5. TOWING SERVICE/S

The CITMO provides towing services for vehicles involved in traffic crash/accident as per request from private citizen/resident of Imus City and/or other government offices.

OFFICE OR DIVISION	City of Imus Traffic Management Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government, G2C – G	overnment to Citizens			
WHO MAY AVAIL THE SERVICE	Anyone whose vehicle is defective or cannot run on its own power.				
CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	URE	
Verbal request from concerned party	1	Prepared by the reques	sting party		
Towing Permit		Issued at the CITMO A			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE	
			TIME		
1. Make a verbal request in person	1. Fill-out the Towing Permit complete with	None	3 minutes	Rizaldy T. Nato	
or through phone to CITMO Admin	the required details and the applicable fee/s			CITMO Chief	
Office					
2. Pay the fees as specified in the	2. Provide a copy of the Towing Permit to the	Applicable fee/s will	5 minutes	Maricel D. Ochoa,	
Towing Permit	Towing Group for their reference	depend on the nature		Ronald S. Enardecido	
		of the request as			
		assessed by the			
		CITMO towing group			
3. Guide the Towing Group to the	3. Towing Group tows the vehicle to the	None	3 hours	Towing Group	
location of the vehicle	specified destination				
	TOTAL	Based on	3 hours and 8		
		assessment	minutes		



6. ISSUANCE OF TRAFFIC CLEARANCE

The CITMO provides Traffic Clearance to private citizen/resident and business establishments as a prerequisite in acquiring Excavation Permit from the City Engineering Office. This is to avoid any untoward traffic incident and to preempt traffic congestion in the area of excavation/activity.

City Engineering Office. This is to avoid any untoward traine incident and to preempt traine congestion in the area of excavation/activity.					
OFFICE OR DIVISION	City of Imus Traffic Management Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C, G2B				
WHO MAY AVAIL THE	Any business establishments and private citizen applying for an excavation permit.				
SERVICE					
CHECKLIS	T OF REQUIREMENTS		WHERE TO SEC	URE	
Written request containing the natudetails	Written request containing the nature of the activity/project and other relevant details Prepared by the requesting party				
Barangay clearance		Issued by the barangay	Issued by the barangay from where the activity/project will take place		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit written request and/or endorsement to the CITMO Admin Office	Checks the requirements submitted by the requesting party	None	3 minutes	Mariel D. Ochoa	
2. Submit written request and/or endorsement to the CITMO Admin Office	2. Thoroughly reviews the request for approval	None	10 minutes	Rizaldy T. Nato CITMO Chief	
3. Submit request with the Traffic Clearance to City Engineering Office	3. Discuss the conditions and guidelines stated in the Traffic Clearance to the requesting party upon issuance	None	5 minutes	Mariel D. Ochoa	
TOTAL None 18 minutes					



CITY OF IMUS SPORTS DEVELOPMENT UNIT EXTERNAL SERVICES



1. REQUISITION OF SPORTS MATERIALS/SOLICITATIONS

Granting of request for sports related materials.

OFFICE OR DIVISION	City of Imus Sports Development Unit	City of Imus Sports Development Unit			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen				
WHO MAY AVAIL THE SERVICE	Imus residents and organizations				
CHECKL	IST OF REQUIREMENTS		WHERE TO SECUR	E	
Letter Request addressed to Mayo	or	Client			
Photocopy of Requestor's ID		Client			
Barangay/School endorsement		Respective Barangay	/School		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Register and submit the request letter to the City Mayor's	1.1 Evaluate the request.	None	1 day	City Mayor's Office	
Office.	1.2 Transmit request letter to City Sports Development Unit.	None			
2. Submit the requirements.	2.1 Receive the requirements.	None	2 minutes	Mr. Roberto Pagtakhan	
	2.2 Interview client regarding the purpose of their request.	None	5 minutes	Mr. Patrick M. Paulme Unit Head	
	2.3 Approval/Disapproval of Request.	None	8 minutes	Mr. Patrick M. Paulme Unit Head	
3. If approved, receive Sports Materials/ Solicitation.	3.1 Award Sports Materials/ Solicitation.	None	5 minutes	Mr. Patrick M. Paulme Unit Head	
	TOTAL	None	1 day and 20 minutes		



2. USE OF IMUS FITNESS CENTER

The Imus Fitness Center is available to all residents of City of Imus. It is located in Bucandala III, City of Imus, Cavite.

OFFICE OR DIVISION	City of Imus Sports Development Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C -Government to Citizens			
WHO MAY AVAIL THE	All Imus residents			
CHECKL	IST OF REQUIREMENTS		WHERE TO SECURE	
Photocopy of Voter's ID/ COMELI	EC Certificate / Claim Stub	COMELEC Office - Imu	ıs	
Barangay Certificate (for non-vote	ers)	Respective Barangay I	Hall	
Duly Filled out the Application For	m	Imus Fitness Center		
1x1 ID Picture	I ID Picture Client			
If minor, you must also submit:	If minor, you must also submit: Client			
Photocopy of Voter's ID/ COMELI	EC Certificate of Parent	COMELEC Office - Imu	ıs	
Parental Consent		Client's parents/guardia	ans	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit needed documents.	1.1 Assess the requirements.	None	10 minutes	Mr. Salvador Cambay
	1.2 Provide instructions for use of Gym and ID.			
2. Receive ID and Instructions and use gym.	2.1 Issue Fitness Center ID.	None	5 minutes	Mr. Salvador Cambay
	TOTAL	None	15 minutes	



3. USE OF IMUS TRACK OVAL

The Imus Fitness Center is available to all residents of City of Imus. It is located in Malagasang I-G, City of Imus, Cavite.

OFFICE OR DIVISION	City of Imus Sports Development Unit				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C -Government to Citizens				
WHO MAY AVAIL THE	All Imus residents	All Imus residents			
CHECKL	LIST OF REQUIREMENTS		WHERE TO SECURE	E	
Photocopy of Voter's ID/ COMEL	EC Certificate / Claim Stub	COMELEC Office - Imu	ıs		
Barangay Certificate (for non-vote	ers)	Respective Barangay I	Hall		
Duly Filled out the Application Fo	rm	Imus Grandstand and	Track Oval		
1x1 ID Picture	Client				
If minor, you must also submit:	minor, you must also submit: Client				
Photocopy of Voter's ID/ COMEL	EC Certificate of Parent	COMELEC Office - Imu	ıs		
Parental Consent		Client's parents/guardians			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit needed documents.	1.1 Assess the requirements.	None	10 minutes	Mr. Armando Frani	
	1.2 Provide instructions for use of Track Oval and ID.				
2. Receive ID and Instructions and use track oval.	2.1 Issue Grandstand and Track Oval ID.	None	5 minutes	Mr. Armando Frani	
	TOTAL	None	15 minutes		



4. RESERVATIONS FOR PUBLIC FACILITY

Reservation to use the Imus Sports Complex and the City of Imus Grandstand & Track Oval (CIGTO) for various recreational, socio-civic, sports, entertainment, and educational purposes.

OFFICE OR DIVISION	City of Imus Sports Development Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G - Government to Government, G2C - Government to Citizens, G2B - Government to Businesses			
WHO MAY AVAIL THE SERVICE	All Imuseños and non-Imuseños			
CHECKLIST O	F REQUIREMENTS	W	HERE TO SECURE	
Request Letter addressed to the City	/ Administrator	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the request letter at the City Administrator's Office.	1.1 Check for the availability of the Imus Sports Complex or City of Imus Grandstand and Track Oval. 1.2 Assist the client in finalizing the	None	5 minutes	Ms. Cecil I. Reyes
	schedule. 1.3 Assess the requirements and Issue	None	5 minutes	
	Order of Payment.	None	5 minutes	
2. Pay prescribed fee at City Treasurer's Office.	2.1 Receive payment and issue Official Receipt (OR).	CITY OF IMUS GRANDSTAND AND TRACK OVAL Sports fest (for 6 hours) Commercial/ Private Companies – Php 20,000.00 Other LGU/Gov't Institution – Php 10,000.00 Private Schools / Public Schools Within Imus – Free Outside Imus – Php 8,000.00 Succeeding Hours – Php 1,000.00	10 minutes	City Treasurer's Office
		Fun Run (Min 3 hours) Commercial/ Private Companies —Php 10,000.00		



Php 10,000.00 Private Schools / Public Schools Within Imus – Php 5,000.00 Outside Imus – Php 10,000.00 Residents - Php 5,000.00 Non-residents – Php 10,000.00 Practice/Training (per hour) Commercial/ Private Companies - Php 1,000.00 Other LGU/Gov't Institution -Php 500.00 Private Schools / Public Schools Within Imus - Free Outside Imus – Php 50.00 / head Residents – Free Non-residents – Php 50.00/head Football Tournament (6 hours) Commercial/ Private Companies - Php 20,000.00 Other LGU/Gov't Institution -Php 10,000.00 Private Schools / Public Schools Within Imus – Free Outside Imus – Php 15,000.00 Residents – Php 10,000.00 Non-residents - Php 15,000.00 Succeeding hours - Php 1,000.00

Other LGU/Gov't Institution -





PUBLIC EMPLOYMENT SERVICE OFFICE EXTERNAL SERVICES



1. ISSUANCE OF MAYOR'S PERMIT TO WORK/OCCUPATIONAL CARD

Any individuals who are newly hired by employers and already employed within the territorial jurisdiction of the City of Imus are required to secure Mayor's Permit to Work/Occupational Card which they must submit to their respective employers as part of their requirements.

1 emili to work/Occupational Gard which	iney made dazimi to them reopedite employers as	part of thoir rogalionio		
OFFICE OR DIVISION	Public Employment Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen			
WHO MAY AVAIL THE SERVICE	All employed citizens in the City of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECU	JRE
Duly accomplished application slip		Public Employment S	Service Office	
Health Card		Imus Health Center		
NBI or Police Clearance		National Bureau of In	vestigation (NBI) or Polic	ce Station
Community Tax Certificate (Cedula)		City Treasurer's Office	e	
Referral/Recommendation Letter (If not Ir	nus Resident)	City or Municipality w	here the client resides	
Barangay Certification and Oath of Under	taking (additional requirements for 1st time Job	From respective Bara	angay	
Seekers Act of 2019 - R.A 11261)		·		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
CLIENT STEPS 1. Approach the Public Assistance	AGENCY ACTION 1.1. Assist and assess the requirements.	FEES TO BE PAID None	PROCESSING TIME 1 minute	PERSON RESPONSIBLE Manuel L. Sañez
Approach the Public Assistance	1.1. Assist and assess the requirements.			
Approach the Public Assistance Information Desk Officer for inquiry and	1.1. Assist and assess the requirements. 1.2. Issue ng National Skills Registration Program (NSRP) form 1. 2. Release Order of Payment			
Approach the Public Assistance Information Desk Officer for inquiry and submit the required documents	1.1. Assist and assess the requirements. 1.2. Issue ng National Skills Registration Program (NSRP) form 1.	None	1 minute	Manuel L. Sañez
Approach the Public Assistance Information Desk Officer for inquiry and submit the required documents Receive the Order of Payment	1.1. Assist and assess the requirements. 1.2. Issue ng National Skills Registration Program (NSRP) form 1. 2. Release Order of Payment	None None	1 minute 1 minute	Manuel L. Sañez Manuel L. Sañez
Approach the Public Assistance Information Desk Officer for inquiry and submit the required documents Receive the Order of Payment	1.1. Assist and assess the requirements. 1.2. Issue ng National Skills Registration Program (NSRP) form 1. 2. Release Order of Payment 3. Receive the payment and issue the Official	None None	1 minute 1 minute	Manuel L. Sañez Manuel L. Sañez
Approach the Public Assistance Information Desk Officer for inquiry and submit the required documents Receive the Order of Payment Pay the required fees.	1.1. Assist and assess the requirements. 1.2. Issue ng National Skills Registration Program (NSRP) form 1. 2. Release Order of Payment 3. Receive the payment and issue the Official Receipt (O.R) and Documentary Stamp Tax	None None Php 80.00	1 minute 1 minute 5 minutes	Manuel L. Sañez Manuel L. Sañez City Treasurer's Office
Approach the Public Assistance Information Desk Officer for inquiry and submit the required documents Receive the Order of Payment Pay the required fees. 4. Submit the Official Receipt (OR).	1.1. Assist and assess the requirements. 1.2. Issue ng National Skills Registration Program (NSRP) form 1. 2. Release Order of Payment 3. Receive the payment and issue the Official Receipt (O.R) and Documentary Stamp Tax	None None Php 80.00	1 minute 1 minute 5 minutes	Manuel L. Sañez Manuel L. Sañez City Treasurer's Office Claire Genova, Jopearl Jill Manuel
Approach the Public Assistance Information Desk Officer for inquiry and submit the required documents Receive the Order of Payment Pay the required fees. Submit the Official Receipt (OR). Register in the logbook and Fill-out the	1.1. Assist and assess the requirements. 1.2. Issue ng National Skills Registration Program (NSRP) form 1. 2. Release Order of Payment 3. Receive the payment and issue the Official Receipt (O.R) and Documentary Stamp Tax 4. Process the request 5. Release the document	None None Php 80.00 None None	1 minute 1 minute 5 minutes	Manuel L. Sañez Manuel L. Sañez City Treasurer's Office Claire Genova,
Approach the Public Assistance Information Desk Officer for inquiry and submit the required documents Receive the Order of Payment Pay the required fees. Submit the Official Receipt (OR). Register in the logbook and Fill-out the NSRP Form 1.	1.1. Assist and assess the requirements. 1.2. Issue ng National Skills Registration Program (NSRP) form 1. 2. Release Order of Payment 3. Receive the payment and issue the Official Receipt (O.R) and Documentary Stamp Tax 4. Process the request 5. Release the document Fill-out Client Satisfaction	None None Php 80.00 None None	1 minute 1 minute 5 minutes 4 minutes	Manuel L. Sañez Manuel L. Sañez City Treasurer's Office Claire Genova, Jopearl Jill Manuel



2. ISSUANCE OF MAYOR'S CLEARANCE

Document issued to individuals who need for local employment (PNP, BFP, AFP, Coast Guard), On-the-Job Training Student, Firearms License, and other legal purposes. They must be residing in the City of Imus.

OFFICE OR DIVISION	Public Employment Services Office			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2C - Government to Citizens; G2G - Government to Government			
WHO MAY AVAIL THE SERVICE	All residents of City of Imus			
	REQUIREMENTS		WHERE TO SECUR	RE
Duly accomplished application slip		Public Employment Se		
Prosecutor Clearance		Office of the City Pros		
Regional Trial Court (MTC) Clearance			Office of the Clerk of Cou	
Municipal Trial Court (MTC) Clearance			Office of the Clerk of Cou	ırt
National Bureau of Investigation (NBI) Cleara	ince	National Bureau of Inv		
Barangay Clearance		From respective barar	ngay	
Barangay Certification and Oath of Undertaki		From respective barar	ngay	
(additional requirements for 1st time Job See				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Approach the Public Assistance	1.1. Assist and assess the requirements.	None	1 minute	Manuel L. Sañez
Information Desk Officer for inquiry and				
submit the required requirement	1.2. Issue ng National Skills Registration			
	Program (NSRP) form 1.			14 11 0 ~
2. Receive the Order of Payment	2. Release the Order of Payment.	None	1 minute	Manuel L. Sañez
3. Pay the required fee	3. Receive the payment and issue the Official	Php 80.00	5 minutes	City Treasurer's Office
o. r dy tho roquired loo	Receipt (O.R) and Documentary Stamp Tax	1 11p 00.00	o minatos	Only Trodecard & Onloc
	The solution of the solution and the solution of the solution			
4. Submit the Official Receipt (OR).	4.1 Process the Mayor's Clearance	None	4 minutes	Claire Genova,
Register in the logbook and fill out the	·			Jopearl Jill Manuel
NSRP Form 1.	4.2 Signature of Local Chief Executive (LCE)			
	or Authorized Signatory	None	5 days	Mayor Alex L. Advincula /
				Authorized Signatory
5. Submit the NSRP Form 1., Register in	5. Release the document	None	1 minute	Manuel L. Sañez
the logbook and receive the document.				
	Fill-out Client Satisfaction F	Rating Form		
	TOTAL	Php 80.00	5 day & 12 mins	



3. ISSUANCE OF APPLICANT REFERRAL LETTER FOR EMPLOYMENT

Applicants undergo a pre-qualification process which consists of job matching and counseling, among others prior to the issuance of a job referral/recommendation letter addressed to a prospective employer/s.

OFFICE OR DIVISION	Public Employment Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizens; G2G - Government to Government			
WHO MAY AVAIL THE SERVICE	All residents of City of Imus			
CHECKLIST OF	REQUIREMENTS		WHERE TO SECU	RE
Accomplish Request Slip		Public Employment S	Service Office	
National Skills Registration Program (NSRP) I	Form 1	Public Employment S	Service Office	
Resume		From Applicant		
Other requirements (Barangay Clearance, NB	I, Police Clearance, Birth Certificate,	From Applicant		
TOR/Diploma - if company requires)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Approach the Public Assistance	1.1 Assess the requirements	None	1 minute	Manuel L. Sañez
Information Desk Officer for inquiry				
	1.2 Issue PESO Employment Information	None	1 minute	Manuel L. Sañez
	System (PEIS) form and Request Slip			
Accomplish request slip and PESO	Check the applicant's requirements and	None	6 minutes	Regine Velasco
Employment Information System (PEIS) -	inform the available job vacancies that match			
NSRP form 1	him/her			
3. Register in logbook.	3. Prepare the Referral Letter	None	2 minutes	Claire Genova,
o. Register in legislatic	o. Fropare the Northan Lotter	140110	2 1111110100	Ciano Conova,
4. Receive the Referral Letter and proceed	4. Issue the applicant's referral letter	None	1 minute	Manuel L. Sañez
to the company to process the job				
application.				
	Fill-out Client Satisfaction Ra		<u> </u>	
	TOTAL	None	11 minutes	



4. ISSUANCE OF REFERRAL LETTER TO OTHER MUNICIPALITIES AND CITIES

Issued to the applicant as their requirements for processing Mayor's Permit to Work or Occupational Permit to other Municipalities or Cities

OFFICE OR DIVISION	Public Employment Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizens			
WHO MAY AVAIL THE SERVICE	All residents of the City of Imus			
CHECKLIST OF	REQUIREMENTS		WHERE TO SECU	RE
Accomplish Request Slip		Public Employment S	Service Office	
Barangay Clearance		From Respective Bar	rangay	
Government Issued ID		From various govern	ment agencies	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Approach the Public Assistance	1.1 Assess the requirements.	None	1 minute	Manuel L. Sañez
Information Desk Officer for inquiry				
	1.2 Issue the Request Slip and PESO	None		
	Employment Information System (PEIS) form			
	and Request Slip			
O. Desistantia desistanti and effect des	O. Donas and a Defendable floor	N.I.	5 (Olater One and
2. Register in the logbook and fill out the	2. Prepare the Referral Letter	None	5 minutes	Claire Genova,
PESO Employment Information System (PEIS)-NSRP form 1		None		Raquel Camacho
(PEIS)-NSRF IOIIII I		None		
3. Receive the Referral Letter	3. Issue the Referral Letter	None	1 minute	Manuel L. Sañez
5. Neceive the Neterral Letter	3. 13306 the INGIGHAL Letter	INOTIC	i illillate	Manuel L. Janez
	Fill-out Client Satisfaction Rat	ing Form		
	TOTAL	None	7 minutes	



5. ISSUANCE OF COMPANY ACCREDITATION

To secure the legality of the papers submitted by the company before they are allowed to join in job matching activities, posting job vacancies and resume browsing.

OFFICE OR DIVISION	Public Employment Services Office				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2B - Government to Businesses				
WHO MAY AVAIL THE SERVICE		All companies seeking to join the Imus PESO job matching activities and sorting of applicants resume			
	LIST OF REQUIREMENTS		WHERE TO SECURE		
Main Requirements					
Letter of Intent		Company			
Company Profile		Company			
Photocopy of the Latest Business	Permit	LGU (BPLO)			
Photocopy of BIR Certificate		Bureau of Internal Reve			
	OTI Certificate / Cooperative Development Authority		e Commission/ Department	of Trade and Industry,	
(CDA) Registration		Cooperative Developme			
Photocopy of Phil.Job.Net Registe		Phil.Job-Net Website (P			
	rs Accreditation Board (PCAB) License	Philippine Contractors A	ccreditation Board		
Additional Requirements for Lo	cal Company/Manpower Agency				
	DOLE Certification		Department of Labor and Employment		
 Certificate of No Pending 0 					
	- Registry of Establishment under Rule 1020				
- Private Requirement and Placement Agency (PRPA)					
- D.O 174 (except Construction)					
	n total number of manpower requirement	Company			
Additional Requirement for Ove	rseas Company				
Copy of POEA License		Philippine Overseas Employment Administration			
Approved Manpower-Job Order F	rom POEA	Philippine Overseas Employment Administration			
DMW Clearance of No Pending C			Department of Migrant Workers		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
	1. Assists and refer the company representative to	None	1 minute	Manuel L. Sañez	
Assistance Information Desk	the assigned focal person				
Officer for inquiry					



2. Proceed to the assigned personnel and present/ submit the requirements	2.1 Check the completeness and validate the submitted documents.	None	2 days	Regine C. Velasco
the requirements	2.2 Conduct validation to DOLE/DMW (if needed).	None		
	2.3 Signature of City PESO Manager.	None		Clarita T. Casing
	2.4 Message the Company for the availability of the Certificate of Accreditation.	None		Regine C. Velasco
3. Receive the Certificate of Accreditation	3. Release the Certificate of Accreditation	None	1 minute	Regine C. Velasco
	Fill-out Client Satisfact	ion Rating Form		
	TOTAL	None	2 days and 2 minutes	

NOTE: If the office needs a further evaluation/assessment, the company/agency will receive their Certificate of Accreditation after 5 days.



6. ISSUANCE OF REFERRAL SLIP FOR ENDORSEMENT TO OWWA ASSISTANCE PROGRAM

All registered members of OWWA can avail of many of their services that range from health care, disability and death benefits, scholarships and financial assistance for education and training, workers assistance and on-site services, and social services and family welfare assistance. A referral slip is issued to OWWA members or their families.

OFFICE OR DIVISION	Public Employment Services Office	Public Employment Services Office		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION		G2C - Government to Citizens; G2G - Government to Government; G2B – Government to Business		
WHO MAY AVAIL THE SERVICE	- v	s resident of the City of Imu		
01120	KLIST OF REQUIREMENTS		WHERE TO SECURE	
Proof of OFW/OWWA Members		OWWA		
Overseas Employment Certificat	e (OEC)	POEA		
Termination Document		From Applicant		
Passport or Travel Documents		From Applicant		
 2nd page (with Name and 				
Latest Departure and Arr				
Proof of Relationship to OFW/O	VWA Member	From Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Approach the Public Assistance Information Desk	1.1 Assess and verify the requirements.	None	5 minutes	Regine Velasco
Officer for inquiry	1.2 Interview the applicant and issue the Case Intake Sheet	None		
2.1 Register in the log book	2.1 Prepare the referral/endorsement slip	None	2 minutes	Regine Velasco
2.2. Fill out the Case Intake Sheet	2.2 Call OWWA representatives for other possible assistance (if needed)	None	20 minutes	Regine Velasco
	2.3 Signature of City PESO Manager.	None	1 minute	Clarita T. Casing
3. Receive the referral/ endorsement slip and proceed to OWWA Office	3. Issue the referral/endorsement slip and advise the applicant to proceed to OWWA Office	None	1 minute	Regine Velasco
	Fill-out Client Satisfaction	n Rating Form		
	TOTAL	None	29 minutes	



7. SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS (SPES)

Pursuant to Republic Act No. 7323, as amended by RA 9547 otherwise known as the "Special Program for Employment of Student (SPES)", is an employment-bridging program that aims to provide temporary employment to disadvantaged youth to augment their family's income and help ensure that beneficiaries can pursue their education. SPES enhances the employability of youth, who will eventually come to be the country's future workforce. Along with providing students with experience while earning income, it is also designed to increase employment opportunities for young people in the long term.

OFFICE OR DIVISION	Public Employment Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen			
WHO MAY AVAIL THE SERVICE	Students or out-of-school youth (OSY), Resident of Imus and	at least 15 but no	t more than 30 yea	rs of age
CHE	CKLIST OF REQUIREMENTS		WHERE TO SI	ECURE
SPES Form		PESO Office		
Parent Consent with contact info of	guardian (for Minor)			
Photocopy of Birth Certificate		Philippine Statist	tics Authority (PSA)	
Proof of School Registration (Form 1	38 or certified true copy of Student's Class Card)	School		
Barangay Clearance		From respective	barangay	
Barangay Indigency/ CSWD Indigen	cy/ Copy of Latest ITR or Exemption from BIR	From respective	Barangay/ CSWD	/ BIR
2 pcs of passport-size picture		From Applicant		
For OSY, Out-of-School Youth Certification and Good Moral Character issued by Barangay From respective barangay				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Approach the Public Assistance Information Desk Officer for inquiry	1. Assist and refer the applicant to the assigned focal person	None	1 minute	Manuel Sañez
2. Proceed to the assigned				
personnel and submit the requirements	2.1 Check the qualification of the applicant and the completeness and validity of the documents submitted.	None	3 minutes	Regine Velasco
personnel and submit the requirements	completeness and validity of the documents submitted. 2.2 Issue SPES Form to be accomplished by the applicant.	None	3 minutes	, and the second
personnel and submit the requirements 3. Fill out and submit the accomplished SPES Form and	completeness and validity of the documents submitted. 2.2 Issue SPES Form to be accomplished by the applicant. 3.1 Evaluate the accomplished SPES Form.			Regine Velasco Regine Velasco
personnel and submit the requirements 3. Fill out and submit the	completeness and validity of the documents submitted. 2.2 Issue SPES Form to be accomplished by the applicant. 3.1 Evaluate the accomplished SPES Form. 3.2 Conduct Initial Screening of the applicant. 3.3 Advise the applicant with regards to the schedule of interview, orientation, and signing of contract and deployment	None None	3 minutes	, and the second
personnel and submit the requirements 3. Fill out and submit the accomplished SPES Form and	completeness and validity of the documents submitted. 2.2 Issue SPES Form to be accomplished by the applicant. 3.1 Evaluate the accomplished SPES Form. 3.2 Conduct Initial Screening of the applicant. 3.3 Advise the applicant with regards to the schedule of	None None	3 minutes	, and the second



CITY BUILDING OFFICIAL'S OFFICE EXTERNAL SERVICES



1. ISSUANCE OF BUILDING PERMIT FOR CONSTRUCTION OF NEW BUILDINGS AND/OR STRUCTURE

A document issued by the Building Official to an owner/applicant to proceed with the construction, installation, addition, alteration, renovation, conversion, repair, moving, demolition or other work activity of a specific project/building/structure or portions thereof after the accompanying principal plans, specifications and other pertinent documents with the duly notarized application are found satisfactory and substantially conforming with the National Building code of the Philippines (the Code) and its Implementing Rules and Regulations (IRR).

OFFICE OR DIVISION	City Building Official's Office		
CLASSIFICATION	Complex		
TYPE OF TRANSACTION	G2G - Government to Government, G2C - Government to Citizens, G2B - Government to Businesses		
WHO MAY AVAIL THE SERVICE	Any person or company who intends to construct a new building/structures in Imus		
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE	
Four (4) copies of filled up Unified Applicat	ion Form for Building Permit and FSEC	Window 1 and 3, One Stop Shop for Construction Permits, 2 nd Floor, Imus	
		City Hall	
Filled-up Application Form for Locational C	Elearance	City Planning and Development Office	
	sfer Certificate of Title (TCT), or Deed of	Registry of Deeds	
	n LRA (if lessee, Contract of Lease), if the		
applicant is not the lot owner, provide either	er of the following:		
Deed of Sale or Contract to Sell			
Authorization from lot owner			
Proof of relationship to the lot owner			
Four (4) sets of Survey Plans, design plans	s and other documents as follows:	Client	
Architectural Documents			
Civil / Structural Documents Electrical Documents			
Mechanical Documents			
Sanitary Documents			
Plumbing Documents			
Electronics Documents			
Geodetic Documents			
Fire Protection Plan (If applicable)			
Automatic Fire Suppression System			
Wet Stand Pipe			
Dry Stand Pipe			
Kitchen Hood Suppression			
Fire Detection & Alarm System			



Three (3) photocopies of Valid Licenses (PRC I.D.) of all involved professionals		Client, professionals involved in the construction of the building		
Notarized estimated value of the building / structure to be erected as declared by the owner		Client		
Construction Safety and Health Program		Client		
Affidavit of Undertaking		Client		
Soil Test (If applicable)		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submission of Application Forms and Documentary Requirements	1.1 Receive and assess the completeness and correctness of the documents.	None	30 minutes	Window 1
	1.2 Processing of application in the Back Room and Inspection.	None	3.5 days	OSCP – Back Room
2. Receipt of Order of Payment or Notice of Disapproval	2. Release Oder of Payment or Notice of Disapproval	None	30 minutes (stop time)	Window 1
3. Payment of Fees and Charges	3. Receive the payment and issue the O.R.	Refer to the 2005 Revised IRR of the National Building Code (P.D. 1096)	5 minutes	Window 2
4. Claiming of Building Permit	4. Preparation and release of Building Permit		25 minutes	Window 3
	TOTAL	Based on assessment	5 days	

NOTE: This is in line with the JMC 2018 – 001 and to be processed in the One Stop Shop for Construction Permits. For construction with area of 1500 sq.m. and above, the processing time is 15 days.



2. ISSUANCE OF BUILDING PERMIT FOR THE EXTENSION, ADDITION, RENOVATION, FENCE AND ALTERATION/AMENDATORY OF PLANS

A document issued by the Building Official to an owner/applicant to proceed with the construction, installation, addition, alteration, renovation, conversion, repair, moving, demolition or other work activity of a specific project/building/structure or portions thereof after the accompanying principal plans, specifications and other pertinent documents with the duly notarized application are found satisfactory and substantially conforming with the National Building code of the Philippines (the Code) and its Implementing Rules and Regulations (IRR).

OFFICE OR DIVISION	City Building Official's Office	City Building Official's Office		
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2G (Government to Government), G2C (Government to Citizens), G2B (Government to Businesses)			
WHO MAY AVAIL THE SERVICE	All residents, non-residents and companies in Imus who already applied for a Building Permit			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
Four (4) copies of filled up Unified Applicat	ion Form for Building Permit and FSEC	Window 1 and 3, One Stop Shop for Construction Permits, 2 nd Floor, Imus		
		City Hall		
Filled-up Application Form for Locational C	Clearance	City Planning and Development Office		
Original Certificate of Title (OCT) / Trans	sfer Certificate of Title (TCT), or Deed of	Registry of Deeds		
Absolute Sale or Lot Locational Plan from	n LRA (if lessee, Contract of Lease), if the			
applicant is not the lot owner, provide either	er of the following:			
Deed of Sale or Contract to Sell				
Authorization from lot owner				
Proof of relationship to the lot owner				
Four (4) sets of Survey Plans, design plans	s and other documents as follows:	Client		
Architectural Documents				
Civil / Structural Documents				
Electrical Documents Mechanical Documents				
Sanitary Documents				
Plumbing Documents				
Electronics Documents				
Geodetic Documents				
Fire Protection Plan (If applicable)				
Automatic Fire Suppression System				
Wet Stand Pipe				
Dry Stand Pipe				
Kitchen Hood Suppression				
Fire Detection & Alarm System				



Three (3) photocopies of Valid Licenses (PRC I.D.) of all involved professionals		Client, professionals involved in the construction of the building			
Notarized estimated value of the building / structure to be erected as declared by the		Client			
owner					
Construction Safety and Health Program		Client			
Affidavit of Undertaking		Client			
Soil Test (If applicable)		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submission of Application Forms and	1.1 Receive and assess the completeness	None	30 minutes	Window 1	
Documentary Requirements	and correctness of the documents.				
	1.2 Processing of application in the Back				
	Room and Inspection.	None	3.5 days	OSCP – Back Room	
2. Receipt of Order of Payment or Notice	2. Release Oder of Payment or Notice of	None	30 minutes	Window 1	
of Disapproval	Disapproval		(stop time)		
3. Payment of Fees and Charges	3. Receive the payment and issue the O.R.	Refer to the 2005	5 minutes	Window 2	
		Revised IRR of the			
		National Building			
		Code (P.D. 1096)			
4. Claiming of Building Permit	4. Preparation and release of Building Permit		25 minutes	Window 3	
	TOTAL	Based on	5 days		
	10,7,2	assessment			

NOTE: This is in line with the JMC 2018 – 001 and to be processed in the One Stop Shop for Construction Permits. For construction with area of 1500 sq.m. and above, the processing time is 15 days.



3. ISSUANCE OF OTHER BUILDING PERMITS FOR RENEWAL, DEMOLITION, SIGNAGE AND EXCAVATION OR GROUND PREPARATION PERMIT

A document issued by the Building Official to an owner/applicant to proceed with the construction, installation, addition, alteration, renovation, conversion, repair, moving, demolition or other work activity of a specific project/building/structure or portions thereof after the accompanying principal plans, specifications and other pertinent documents with the duly notarized application are found satisfactory and substantially conforming with the National Building code of the Philippines (the Code) and its Implementing Rules and Regulations (IRR).

OFFICE OR DIVISION	City Building Official's Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G (Government to Government), G2C (Government to Citizens), G2B (Government to Businesses)			
WHO MAY AVAIL THE SERVICE	Any person or company who intends to demolish a structure, excavate, install signage and renew the Building Perm			
	Imus			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
For Renewal Permit				
	t, signed and sealed by professional and	Office of the Building Official, 2 nd Floor, Imus City Hall		
properly filled-out				
Approved Building Permit and Building Pla	ins	Office of the Building Official, 2 nd Floor, Imus City Hall		
For Demolition Permit				
Demolition Permit Form		Office of the Building Official, 2 nd Floor, Imus City Hall		
Sketch plan of area to be demolished or pi		Client		
	roperty, if the applicant is not the lot owner,	Registry of Deeds		
provide either of the following:				
Deed of Sale or Contract to Sell				
Authorization from lot owner				
Proof of relationship to the lot owner		December 15 and		
Barangay Endorsement		Respective Barangay		
For Sign Permit		Office the Date of the Office		
Sign Permit Form	and a Carlos and a Carlos	Office of the Building Official, 2 nd Floor, Imus City Hall		
Electrical Permit Form whenever there is an electrical connection		Office of the Building Official		
Three (3) sets of plans and design of signage duly signed by a licensed professional		Client		
Location or vicinity plan		Client		
Lot documents		Client		
For Excavation or Ground Preparation Permit				
Accomplished Excavation Permit form signed and sealed by a licensed professional		Office of the Building Official, 2 nd Floor, Imus City Hall		
One (1) set – Architectural and Structural Plan		Client		



Transfer Certificate of Title (TCT) of lot, if the applicant is not the lot owner, provide		Registry of Deeds		
either of the following:				
Deed of Sale or Contract to Sell				
Authorization from lot owner				
Proof of relationship to the lot owner				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the requirements	1.1 Verify the requirements.	None	15 minutes	Window 1 and 2
	1.2 Approval of Permit	None	10 minutes	Engr. Alvin Saitanan City Building Official Engr. Josephine Hernandez
	1.2 Assess the fees.	None	10 minutes	OSCP - Backroom
2. Receive Order of payment.	2. Issue the order of payment	None	5 minutes (stop time)	City Treasurer's Office
3. Pay the required fees at the City	3. Receive payment and release the official	Refer to the 2005	2 minutes	Window 2
Treasurer's Office	Receipt (OR)	Revised IRR of the		
		National Building		
		Code (P.D. 1096)		
4. Present the original and photocopy of the Official Receipt and receive the	4.1 Prepare the required Permit.	None	15 minutes	Window 3
permit.	4.2 Release the Permit.	None	3 minutes	
TOTAL		Based on	1 hour	
		assessment		



4. ISSUANCE OF CERTIFICATE OF OCCUPANCY/USE/OPERATION

A document issued by the Building Official to an owner/applicant certifying a building's compliance with the National Building code of the Philippines (the Code) and its Implementing Rules and Regulations (IRR) and indicating it to be in a condition suitable for occupancy. It is evidence that the building complies substantially with the plans and specifications that have been submitted to, and approved by, the Building Official.

OFFICE OR DIVISION	City Building Official's Office				
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2G (Government to Government), G2C (Government to Citizens), G2B (Government to Businesses)				
WHO MAY AVAIL THE SERVICE	Any person or company who was issued	company who was issued a Building permit may apply upon completion of the building and ready for			
	occupancy.				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
Filled-up Unified Application Form for Cer	tificate of Occupancy and FSIC	Window 1 and 3, One Stop Shop for Construction Permits, 2^{nd} Floor, Imus			
		City Hall			
	cate of Completion using the form in Annex	Client			
	ed and sealed by the duly licensed Architect				
	n, and one copy of the construction logbook.				
If the construction was undertaken through a contract, the Certificate of Completion					
shall be signed by the contractor/Authoriz					
	fall involved Professionals (e.g. Professional	Client, professionals involved in the construction of the building			
	Tax Receipt and the Professional Regulation Commission identification card				
Photograph of the completed structure showing front, sides, and rear areas		Client			
Yellow Card issued by Electrical Service Provider		MERALCO			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIB			
	1.1 Receive and assess the completeness	None	30 minutes	Window 1	
and Documentary Requirements.	and correctness of the documents and				
	inform the inspection schedule.				
	1.2 Processing of application in the back	None	3.5 days	OSCP - Backroom	
(Client should be present during the	room and inspection of				
inspection)	buildings/structures/machineries.				
2. Submit the requirements	2.1 Verify the requirements;	None	30 minutes	Window 1	
2. Submit the requirements	2.1 Verily the requirements,	INOTIC	oo miilutes	vvii idow i	
		None			



	2.2 Assess the fees and issue the order of			
	payment			
3. Receive Order of Payment or Notice	3. Release Order of Payment or Notice of	None	30 minutes	Window 1
of Disapproval	Disapproval		(stop time)	
4. Payment of Fees and Charges.	4. Receive the payment and issue the O.R.	Refer to the 2005	2 minutes	Window 2
		Revised IRR of the		
		National Building		
		Code (P.D. 1096)		
5. Claim the Certificate of Occupancy	5. Preparation and release Certificate of	None	25 minutes	Window 3
	Occupancy, FSIC, Notice of Assessment,			
	Tax Declaration, CFEI and other submitted			
	documents.			
	TOTAL	Based on	5 days	
		assessment		

NOTE: This is in line with the JMC 2018 – 001 and to be processed in the One Stop Shop for Construction Permits. If the inspector's report stated that there are violations, deviations, addition in the approved Building plans; the application shall be withheld pending compliance of the needed requirements for completion before moving to the next step.



5. ISSUANCE OF ELECTRICAL OR WIRING PERMIT

OFFICE OR DIVISION Ci	City Building Official's Office				
CLASSIFICATION Si	Simple				
TYPE OF TRANSACTION G	G2G (Government to Government), G2C (Government to Citizens), G2B (Government to Businesses)				
WHO MAY AVAIL THE SERVICE AI	All residents and non-residents who own a building in Imus and intend to apply for electrical and wiring permit				
CHECKLIST OF RE	EQUIREMENTS	WHERE TO SECURE			
Transfer Certificate of Title (TCT) of the lot where building is erected, if the applicant is		Registry of Deeds			
not the lot owner, provide either of the following:					
Deed of Sale or Contract to Sell					
Authorization from lot owner					
Proof of relationship to the lot owner					
Electrical/Wiring Permit form duly signed by	y an Electrical Engineer or Registered	Office of the Building Offici	al		
Electrician					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON	
			TIME	RESPONSIBLE	
Submit the requirements	1.1 Verify the requirements.	None	5 minutes	Window 1 and 3	
	1.2 Assess the fees and issue the	None	5 minutes	OSCP - Backroom	
	order of payment				
2. Pay the required fees at the City Treasure	, ,	Refer to the 2005	2 minutes	Window 2 – OSCP	
Office	official Receipt (OR)	Revised IRR of the			
		National Building Code			
		(P.D. 1096)			
3. Present the original and photocopy of t	he 4.1 Prepare the required Permit.	None	10 minutes	OSCP – Backroom	
Official Receipt	4.2 Approval of Permit	None	5 minutes	Engr. Alvin Saitanan	
				City Building Official	
				Engr. Josephine	
				Hernandez	
4. Receive the Permit	4. Release the Permit	None	3 minutes	Window 3 - OSCP	
	TOTAL				



6. ISSUANCE OF CERTIFICATE OF FINAL ELECTRICAL INSPECTION (CFEI)

A document issued by the Building Official to an owner/applicant after electrical safety inspection, testing, and verification of the electrical wirings of residential, institutional, commercial, and industrial building before the installation of electric meters by the electric power service provider to ensure their conformance to the provisions of the Philippine Electrical Code.

provisions of the Fillippine Electrical Code.					
OFFICE OR DIVISION	City Building Official's Office				
	Complex				
TYPE OF TRANSACTION	G2G (Government to Government), G2C (Go	overnment to Citizens), G2B (Government to Businesses)			
WHO MAY AVAIL THE SERVICE All residents and non-residents who own a building in Imus and intend to apply for electrical and wiring periods.			and wiring permit		
	REQUIREMENTS		WHERE TO SECURE		
Yellow Card issued by MERALCO with a re	•	MERALCO			
Inspection report of the Electrical Inspector		Office of the Building Off	icial		
Transfer Certificate of Title of is erected	f the lot where the building	Registry of Deeds			
Proof of ownership if the lot title is not in th sell, Deed of Sale, Agreement and Authoriz	e name of the applicant, provide Contract to attion	Client			
For new connection, provide Occupancy Pe	ermit	One Stop Shop for Construction Permits, 2 nd Floor, Imus City Hall			
For reconnection/relocation/separation of electric meter base with addition/extension/renovation of building, provide Building Permit		One Stop Shop for Construction Permits, 2 nd Floor, Imus City Hall			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the inspection request form and yellow card issued by Meralco.	d the 1.1 Receive the yellow card and inspection request form and inform the inspection schedule. 1.2 Inspect the installed Electric Meter Base and wiring connections.		10 minutes 3 days	Window 1 Engr. Leonardo Aliscad; Engr. Kieran Dela Cruz; Engr. Kit Jasper Paredes; Engr. Daniel Pangilinan	
2. Submit the requirements	2.1 Verify the requirements		5 minutes	Window 1	



	2.2 Assess the fees.		10 minutes	
3. Receive Order of Payment	3. Issue the order of payment.		5 minutes	OSCP
4. Pay the required fees at the City Treasurer's	4. Receive payment and release the	Refer to the 2005	2 minutes	Window 2 - OSCP
Office	official Receipt (OR)	Revised IRR of the		
		National Building Code		
I		(P.D. 1096)		
5. Present the original and photocopy of the O.R.	5.1 Receive the OR and prepare the		10 minutes	Window 1
and receive the permit.	document.			
	5.2 Approve the CFEI		5 minutes	Engr. Alvin Saitanan City Building Official Engr. Josephine Hernandez
6. Receive the document	6. Release the document	None	3 minutes	Window 3
	TOTAL	Based on assessment	4 days	

NOTE: The inspectors will leave the Inspection report in the inspected building indicating the documents or requirements to be submitted for the issuance of CFEI. If the applicant can't comply with the requirements, the application for CFEI shall be withheld.



7. ISSUANCE OF CLEARANCE FOR NEW AND RENEWAL OF BUSINESS PERMIT APPLICATION

Clearance for business permit given to owner/applicant certifying the compliance of the structures/building to the National Building Code of the Philippines.

OFFICE OR DIVISION		ity Building Official's Office				
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2G (G	2G (Government to Government), G2C (Government to Citizens), G2B (Government to Businesses)				
WHO MAY AVAIL THE SERVICE	All busi	Il business taxpayers in Imus				
CHECKLIST C	F REQ	UIREMENTS			WHERE TO SECUR	<u> </u>
Duly accomplished application form				One Stop Shop for Bus	siness Permits, GF Flo	oor, Imus City Hall
Building Permit				One Stop Shop for Bus	siness Permits, GF Flo	oor, Imus City Hall
Occupancy Permit		_		One Stop Shop for Bu	siness Permits, GF Flo	oor, Imus City Hall
CLIENT STEPS		AGENCY ACTION		FEES TO BE PAID	PROCESSING	PERSON
					TIME	RESPONSIBLE
Submit the application form.		Verify the application.		None	10 minutes	Kristine Marie
						Pakingan; Cresencia Parnala;
2. Receive the approved application with the assessed fees	e 2	2. Assess the fees.		None	5 minutes	Kristine Marie Pakingan; Cresencia Parnala;
			TOTAL	None	15 minutes	

Note: If the building for the Business Operation was verified to have no Building Permit and Occupancy Permit and have violations on the building construction, the application for Business Permit is withheld. If the building is in compliance, proceed to Step 2.



8. ISSUANCE OF BUILDING PERMIT FOR CONSTRUCTION OF TELECOMMUNICATIONS AND INTERNET INFRASTRUCTURE

A document issued by the Building Official to an owner/applicant to proceed with the construction of telecommunications and internet infrastructure after the accompanying principal plans, specifications and other pertinent documents with the duly notarized application are found satisfactory and substantially conforming with the National Building code of the Philippines (the Code) and its Implementing Rules and Regulations (IRR).

OFFICE OR DIVISION	City Building Official's Office	
CLASSIFICATION	Complex	
TYPE OF TRANSACTION	G2G - Government to Government, G2C - G	Sovernment to Citizens, G2B - Government to Businesses
WHO MAY AVAIL THE SERVICE	Any person or company who intends to cons	struct telecommunications and internet infrastructure in Imus
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE
Four (4) copies of filled up Unified Application Form for Building Permit		Window 1 and 3, One Stop Shop for Construction Permits, 2 nd Floor, Imus
		City Hall
Filled-up Application Form for Locational C	Elearance	City Planning and Development Office - OSCP
	sfer Certificate of Title (TCT), or Deed of	Registry of Deeds
	n LRA (if lessee, Contract of Lease), if the	
applicant is not the lot owner, provide either	er of the following:	
Deed of Sale or Contract to Sell		
Authorization from lot owner		
Proof of relationship to the lot owner		
Four (4) sets of Survey Plans, design plans	s and other documents as follows:	Client
Architectural Documents Civil / Structural Documents		
Electrical Documents		
Mechanical Documents		
Electronics Documents		
Geodetic Documents		
Three (3) photocopies of Valid Licenses (F	PRC I.D.) of all involved professionals	Client, professionals involved in the construction of the building
Notarized estimated value of the building / structure to be erected as declared by the		Client
owner		
·	CC), if the proposed project site is within an	Client
environmentally critical area;		
Special Use Agreement in Protected Area	s, if the proposed project site is a protected	
area;		



Free and Prior Informed Consent, if the Idomain; Land Use Conversion from the Departmenthe proposed project site requires the confive (5) hectares, or from the DAR Regionand below; Clearance from the Philippine Economic Z				
	owned, administered or operated by PEZA;			
Soil Test (If applicable)		Client		
Other requirements as mandated by the C	onstitution and existing laws.			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1.1 Receive and assess the completeness	None	30 minutes	Window 1
Documentary Requirements	and correctness of the documents.			
	1.2 Processing of application in the Back Room and Inspection.	None	3.5 days	OSCP – Back Room
2. Receipt of Order of Payment or Notice	2. Release Oder of Payment or Notice of	None	30 minutes	Window 1
of Disapproval	Disapproval		(stop time)	
3. Payment of Fees and Charges	3. Receive the payment and issue the O.R.	Refer to the 2005 Revised IRR of the National Building Code (P.D. 1096)	5 minutes	Window 2
4. Claiming of Building Permit	4. Preparation and release of Building Permit		25 minutes	Window 3
	TOTAL	Based on	5 days	
		assessment		

NOTE: This is in line with the JMC 2018 – 001 and to be processed in the One Stop Shop for Construction Permits. For construction with area of 1500 sq.m. and above, the processing time is 15 days.



CITY PLANNING AND DEVELOPMENT OFFICE

EXTERNAL SERVICES



1. ISSUANCE OF LOCATIONAL CLEARANCE OR ZONING COMPLIANCE AND TEMPORARY USE PERMIT (TUP) FOR NEW AND RENEWAL OF BUSINESS PERMIT

A business proprietor who wishes to start his/her own business or renew their existing business permit are required to secure a Mayor's permit or city license from the City Government of Imus.

OFFICE OR DIVISION City Planning and Development Office - Bu					
CLASSIFICATION Simple	City Planning and Development Office - Business One Stop Shop (BOSS) Simple				
TYPE OF TRANSACTION G2B – Government to Business, G2C – G	G2B – Government to Business, G2C – Government to Citizen, G2G – Government to Government				
	s who intend to renew or open a new business in the City of Imus				
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE				
For Application of New Business Permit					
Duly accomplished and notarized Locational Clearance or Zoning Compliance	Business One Stop Shop (BOSS) Zoning Representative				
Application Form					
Duly accomplished and notarized Affidavit of Parking	Business One Stop Shop (BOSS) Zoning Representative				
Proof of Ownership (Photocopy)	Provided by the property owner.				
Certified True Copy of Transfer Certificate of Title(s) (TCT). If the property (TCT					
is not registered in the name of the applicant, provide the necessary requirements					
Notarized Deed of Sale					
Notarized Deed of Donation					
Notarized Agreement to Purchase and Sell					
Notarized copy of Authorization to Use the Land from the registered owner					
Notarized Contract of Lease					
Tax Declaration					
Updated Tax Receipt					
Barangay Resolution or Endorsement	Barangay where the business is located				
Homeowner's Association Resolution (HOA) endorsing the project or business, i	Homeowners Association of the said subdivision				
the location of the business is within a Residential Subdivision.					
DTI or SEC Registration	Department of Trade and Industry (DTI) and Securities and Exchange Commission				
Picture of establishment (front, side showing the road setback and interior)	Provided by the property owner.				
Personal appearance on the actual date of inspection	Participation of the business owner				
Renewal of Business Permit					
Photocopy of previous Business Permit and Official Receipt	Provided by the business owner				
New Barangay Endorsement	Barangay where the business is located				



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the requirements	1.1 Assess the requirements and verify if inspection is needed	None	15 minutes	Greg Chuangco Roderick Biazon Augusto Bayot Whelvin Ramos Dennis Sauquillo
2. Undergo the inspection	2. Inspect the business site and road setback (if needed)	None	30 minutes	Jojie Cervantes Augusto Bayot
3. Receive assessment of fees and proceed to the BPLO for the processing of request (after inspection or if inspection is not required)		Refer to Article XXI. Section 190 of the 2019 Imus Revenue Code	10 minutes (stop time)	Engr. Guiana F. Monzon Engr. Nenita Casing Greg Chuangco Roderick Biazon Augusto Bayot Whelvin Ramos Dennis Sauquillo
	Fill-out Client Satis	faction Rating Form		
	TOTAL	Based on assessment	55 minutes	

ZONING CLEARANCE FEES

FOR NEW BUSINESS	
Apartments / Townhouses	
Total Floor Area multiplied by 8,000.00/square mete	er or total Bill of Materials whichever is higher.
P500,000.00 and below	P 1,200.00
Over P500,000.00 and above	P 1,200.00 + 1/10 of 1% of cost in excess of P500,000.00 regardless of the number
	of doors
Dormitories	
Total Floor Area multiplied by 10,000/square meter	or total Bill of Materials whichever is higher
P2,000,000.00 and below	P 2,500.00
Over P2,000,000.00	P 2,500.00 + 1/10 of 1% of cost in excess of P2,000,000.00 regardless of the
	number of doors
Institutional	





Total Floor Area multiplied by 10,000/square me	eter or total Bill of Materials whichever is higher	
Project cost of which is:		
Below P1,000,000.00	P1,200.00	
P1,000,000.00 to P2,000,000.00	P2,000.00	
Over P2,000,000.00	P2,500.00 + 1/10 of 1% of cost in excess of P2,000,000.00	
Commercial, Industrial and Agro-Industrial	•	
Total Floor Area multiplied by 10,000/square me	ter or total Bill of Materials whichever is higher	
Project cost of which is:		
Below P100,000.00	P1,200.00	
Over P100,000.00 to 500,000.00	P1,700.00	
Over P500,000.00 to 1,000,000.00 P2,500.00		
Over P1,000,000.00 to 2,000,000.00	P3,000.00	
Over 2,000,000.00	P 5,000.00 + 1/10 of 1% of cost in excess of P2,000,000.00	

Special Uses/Special Projects					
(Gasoline Station, Cell Sites, Slaughterhouse, Treatment Plan, etc.)					
Total Floor Area multiplied by 10,000/square meter or to	Total Floor Area multiplied by 10,000/square meter or total Bill of Materials whichever is higher.				
Below P2,000,000.00	P5,000.00				
Over P2,000,000.00 P5,000.00 + 1/10 of 1% of cost in excess of P2,000,000.00					
RENEWAL OF ZONING CLEARANCE					
Apartments / Townhouses	Same as the previous assessment fees				
2. Dormitories	Same as the previous assessment fees				
3. Institutional	Same as the previous assessment fees				
4. Commercial, Industrial and Agro-Industrial	Same as the previous assessment fees				
Special Uses/Special Projects	Same as the previous assessment fees				



2. ISSUANCE OF LOCATIONAL CLEARANCE (TPZ/TUP) FOR THE APPLICATION OF BUILDING PERMIT (OSCP) ONE-STOP SHOP CONSTRUCTION PERMIT

Any entity who will engage in a construction activity shall secure a Locational Clearance from the City Zoning Administrator.

OFFICE OR DIVISION	City Planning and Development Office - One	ity Planning and Development Office - One-Stop Shop Construction Permit (OSCP)				
CLASSIFICATION	Highly - Technical					
TYPE OF TRANSACTION		vernment to Citizen, G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	Any person, firm or corporation who will und	ergo construction activities regardless of size and cost of the project can avail this service.				
CHECKLIST (OF REQUIREMENTS	WHERE TO SECURE				
Duly accomplished and notarized L	ocational Clearance or Zoning Compliance	One-Stop Shop Construction Permit (OSCP) Window 1, 2 and 3				
Application Form						
Duly accomplished and notarized	Affidavit of Parking for application of	One-Stop Shop Construction Permit (OSCP) Window 1, 2 and 3				
commercial, industrial, residential ap-	artments and institutional buildings					
One (1) set from the four (4) sets of r	equired documents for the application of the	One-Stop Shop Construction Permit (OSCP) Window 1, 2 and 3				
Building Permit at the Office of the B	uilding Official (OBO)					
Proof of Ownership (Photocopy)		Provided by the property owner.				
Certified True Copy of Transfer Certi	ficate of Title(s) (TCT), if the property (TCT)					
is not registered in the name of the applicant, provide the necessary requirements:						
Notarized Deed of Sale						
Notarized Deed of Donation						
Notarized Agreement to purchase and sell						
Notarized copy of authorization to use the land from the registered owner						
Tax Declaration						
Updated Tax Receipt						
Barangay Resolution or Endorsement		Barangay where the business is located				
Homeowner's Association Resolution	endorsing the project if the project is located	Homeowners Association of the said subdivision				
within the subdivision except for resid	dential purposes					
	gned and sealed by the respective Licensed	Provided by the professionals who prepares and signed in the technical plans to be				
Engineers		submitted by the owner				



Specifications, Bill of Materials and Cost Estimates duly signed and sealed by a licensed Civil Engineer		Provided by the professionals who prepares and signed in the technical plans to be submitted by the owner			
Lot Plan or consolidated plan of lots Engineer or Architect	s signed and sealed by a licensed Geodetic	Provided by the professionals who prepares and signed in the technical plans to be submitted by the owner			
Lot Plan with Technical Description approved by the Bureau of Land (for TCT without Technical Description)		Provided by the professionals who prepares and signed in the technical plans to be submitted by the owner			
Photocopy of PRC ID and Latest Professional Tax Receipt (PTR) of the respective licensed professionals		Provided by the profession submitted by the owner	Provided by the professionals who prepares and signed in the technical plans to be submitted by the owner		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit the requirements in windows 1, 2 and 3	1.1 Check the completeness of the documents.1.2 Encode the received documents.1.3 Issue a claim stub.	None None None	15 minutes	Kristine Marie Pakingan Cresencia A. Parnala Razil Benitez	
	1.4 Evaluate the plans and documents submitted.1.5 Provide assessment fees	None None	10 minutes 3 minutes	Engr. Nenita Casing; Greg Chuangco; Roderick Biazon; Augusto Bayot; Dennis Sauquillo;	
2. Receive order of payment	2. Issue order of payment.	None	2 minutes (stop time)	Engr. Nenita Casing; Greg Chuangco; Roderick Biazon; Augusto Bayot; Dennis Sauquillo;	
3. Pay the required fee at OSCP Window 4.	3. Receive payment and issue Official Receipt (OR)	Refer to Article XXI. Section 190 of the 2019 Imus Revenue Code	3 minutes	Staff from the Treasurer's Office	
4. Present the original and photocopy of the O.R.	4.1 Prepare the Clearance.	None	10 minutes	Cindy T. De Castro Aileen D. Albay	
	4.2 Approve the request.	None	5 minutes	Engr. Guiana F. Monzon	
5. Receive the Zoning Clearance	5. Release Zoning Clearance.	None	2 minutes	Cindy T. De Castro; Aileen D. Albay	



Fill-out Client Satisfaction Rating Form				
TOTAL Based on 50 minutes				
	assessment			

ZONING AND LOCATIONAL CLEARANCE FEES

1. Single Residential Structure	
Total Floor Area multiplied by 8,000/square meter	er or total Bill of Materials whichever is higher.
P200,000.00 and below	P 400.00
Over P200,000.00 to P400,000.00	600.00
Over P400,000.00	800.00 + 1/10 of 1% of cost in excess of P400,00.00
2. Apartments / Townhouses	
Total Floor Area multiplied by 12,000.00/square	meter or total Bill of Materials whichever is higher.
P500,000.00 and below	P 1,200.00
Over P500,000.00 and above	P 1,200.00 + 1/10 of 1% of cost in excess of P500,000.00 regardless of the number of doors
3. Dormitories	•
Total Floor Area multiplied by 12,000/square me	eter or total Bill of Materials whichever is higher
P2,000,000.00 and below	P 2,500.00
Over P2,000,000.00	P 2,500.00 + 1/10 of 1% of cost in excess of P2,000,000.00 regardless of the
	number of doors
4. Institutional	
	neter or total Bill of Materials whichever is higher
Project cost of which is:	
Below P1,000,000.00	P1,200.00
P1,000,000.00 to P2,000,000.00	P2,000.00
Over P2,000,000.00	P2,500.00 + 1/10 of 1% of cost in excess of P2,000,000.00
5. Commercial, Industrial and Agro-Industrial	
	neter or total Bill of Materials whichever is higher
Project cost of which is:	
Below P100,000.00	P1,200.00
Over P100,000.00 to 500,000.00	P1,700.00
Over P500,000.00 to 1,000,000.00	P2,500.00
Over P1,000,000.00 to 2,000,000.00	P3,000.00
Over 2,000,000.00	P 5,000.00 + 1/10 of 1% of cost in excess of P2,000,000.00



Alteration/Expansion (affected areas/cost only)			
(Gasoline station, cell sites, slaughter house, treatment plan, etc.)			
Total Floor Area multiplied by 15,000/square meter or total Bill of Materials whichever is higher			
Below P2,000,000.00	P 5,000.00		
Over P2,000,000.00	500.00 + 1/10 of 1% of cost in excess of P2,000,000.00		
Alteration/Expansion (affected areas/cost only)	Same as original application		
(Based on Article IX of the Imus Zoning Ordinance)	•		
Surcharge for Zoning/Locational Clearance			
+ 25% LC fee if the project is more than 25% but less than 50% accomplished			
+ 50% LC fee if the project is more than 50% but less than 75% accomplished			
+ 75% LC fee if the project is more than 75% but less than 100% accomplished	ed		
+100% LC fee if the project is 100% accomplished			
9. Violation (where applicable)			
a. Violation of Clearance			
i. As to Use	P 10,000.00		
ii. As to Area	P 8,000.00		
iii. As to Location	P 10,000.00		
b. Violation as to terms and condition of zoning clearance			
i. No clearance from National Pollution Control Protection Council	P 10,000.00		
ii. No clearance from Department of Environment and Natural Resources	P 10,000.00		
iii. No clearance from Department of Health	P 10,000.00		
iv. No clearance from Air Transportation Office	P 10,000.00		
v. No clearance from NTC	P 10,000.00		
vi. No clearance from Natural Resources Water Board	P 10,000.00		
vii. No clearance from Traffic Impact Assessment Office	P 10,000.00		
viii. Non-compliance with the other government requirements	P 13,000.00		
ix. Mis-presentation	P 10,000.00		
x. Setback/easement	P 10,000.00		
xi. Alteration of plan P 10,000.00			
c. Other violation			
i. Without zoning clearance	P 10,000.00		
ii. Expiration of temporary use permit	P 10,000.00		
iii. Illegal construction	P 10,000.00		



3. ISSUANCE OF ZONING CERTIFICATION

Provide the classification of a parcel of land/property as to the type of land uses based on the approved Zoning Classification of the city.

	Provide the classification of a parcer of land/property as to the type of land uses based on the approved Zonling Classification of the city.			
OFFICE OR DIVISION	City Planning and Development Office - Zoning Administrator			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2B – Government to Business, G2			
WHO MAY AVAIL THE	All residents, non-residents of the C	City of Imus and companies w	ho wish to verify the Zoning/	Land Use classification of their
SERVICE	lots/parcels of land.			
	REQUIREMENTS		WHERE TO SECURE	
Notarized Application Form for Zo	ning Certification	One Stop Shop Construction	n Permit (OSCP) Window 6 a	ind 7
Photocopy of Transfer Certificate	of Title(s) (TCT)	Provided by the Owner/Appl	licant	
Photocopy of Tax Declaration		Provided by the Owner/Appl	licant	
Photocopy of Updated Tax Receip	t	Provided by the Owner/App	licant	
Lot Plan or consolidated plan of lo	ts (for two or more parcels of land)	Provided by the Owner/Appl	licant	
signed and sealed by a licensed G	Geodetic Engineer			
Lot Plan with Technical Description	on approved by the Bureau of Land	Provided by the Owner/Appl	licant	
(for TCT without Technical Descrip	otion)			
Vicinity Map showing the exact location of the property		Provided by the Owner/Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
CLIENT STEPS 1. Submit the requirements and	1.1 Evaluate the requirements and	FEES TO BE PAID None	PROCESSING TIME 10 minutes	Greg Chuangco
			10 minutes	Greg Chuangco Dennis Sauquillo
1. Submit the requirements and	1.1 Evaluate the requirements and the location of the lot(s)	None		Greg Chuangco
Submit the requirements and receive the order of payment	1.1 Evaluate the requirements and the location of the lot(s)1.2 Assess the fees	None None	10 minutes 3 minutes	Greg Chuangco Dennis Sauquillo Roderick Biazon
1. Submit the requirements and	1.1 Evaluate the requirements and the location of the lot(s)	None	10 minutes 3 minutes 2 minutes	Greg Chuangco Dennis Sauquillo Roderick Biazon Greg Chuangco
Submit the requirements and receive the order of payment	1.1 Evaluate the requirements and the location of the lot(s)1.2 Assess the fees	None None	10 minutes 3 minutes	Greg Chuangco Dennis Sauquillo Roderick Biazon Greg Chuangco Dennis Sauquillo
Submit the requirements and receive the order of payment Receive order of payment	1.1 Evaluate the requirements and the location of the lot(s) 1.2 Assess the fees 2. Issue Order of Payment	None None None	10 minutes 3 minutes 2 minutes (stop time)	Greg Chuangco Dennis Sauquillo Roderick Biazon Greg Chuangco Dennis Sauquillo Roderick Biazon
Submit the requirements and receive the order of payment Receive order of payment Receive order of payment Receive order of payment	1.1 Evaluate the requirements and the location of the lot(s) 1.2 Assess the fees 2. Issue Order of Payment 3. Receive the payment and issue	None None None Refer to Article XXI.	10 minutes 3 minutes 2 minutes	Greg Chuangco Dennis Sauquillo Roderick Biazon Greg Chuangco Dennis Sauquillo Roderick Biazon Staff from the Treasurer's
Submit the requirements and receive the order of payment Receive order of payment	1.1 Evaluate the requirements and the location of the lot(s) 1.2 Assess the fees 2. Issue Order of Payment	None None None Refer to Article XXI. Section 190 of the 2019	10 minutes 3 minutes 2 minutes (stop time)	Greg Chuangco Dennis Sauquillo Roderick Biazon Greg Chuangco Dennis Sauquillo Roderick Biazon
Submit the requirements and receive the order of payment Receive order of payment	1.1 Evaluate the requirements and the location of the lot(s) 1.2 Assess the fees 2. Issue Order of Payment 3. Receive the payment and issue the Official Receipt (OR)	None None None Refer to Article XXI. Section 190 of the 2019 Imus Revenue Code	10 minutes 3 minutes 2 minutes (stop time) 3 minutes	Greg Chuangco Dennis Sauquillo Roderick Biazon Greg Chuangco Dennis Sauquillo Roderick Biazon Staff from the Treasurer's Office
Submit the requirements and receive the order of payment Receive order of payment	1.1 Evaluate the requirements and the location of the lot(s) 1.2 Assess the fees 2. Issue Order of Payment 3. Receive the payment and issue	None None None Refer to Article XXI. Section 190 of the 2019	10 minutes 3 minutes 2 minutes (stop time)	Greg Chuangco Dennis Sauquillo Roderick Biazon Greg Chuangco Dennis Sauquillo Roderick Biazon Staff from the Treasurer's Office Engr. Nenita Casing
Submit the requirements and receive the order of payment Receive order of payment	1.1 Evaluate the requirements and the location of the lot(s) 1.2 Assess the fees 2. Issue Order of Payment 3. Receive the payment and issue the Official Receipt (OR)	None None None Refer to Article XXI. Section 190 of the 2019 Imus Revenue Code	10 minutes 3 minutes 2 minutes (stop time) 3 minutes	Greg Chuangco Dennis Sauquillo Roderick Biazon Greg Chuangco Dennis Sauquillo Roderick Biazon Staff from the Treasurer's Office
Submit the requirements and receive the order of payment Receive order of payment	1.1 Evaluate the requirements and the location of the lot(s) 1.2 Assess the fees 2. Issue Order of Payment 3. Receive the payment and issue the Official Receipt (OR) 4.1 Process the request	None None None None Refer to Article XXI. Section 190 of the 2019 Imus Revenue Code None	10 minutes 3 minutes 2 minutes (stop time) 3 minutes 5 minutes	Greg Chuangco Dennis Sauquillo Roderick Biazon Greg Chuangco Dennis Sauquillo Roderick Biazon Staff from the Treasurer's Office Engr. Nenita Casing Cindy De Castro
Submit the requirements and receive the order of payment Receive order of payment	1.1 Evaluate the requirements and the location of the lot(s) 1.2 Assess the fees 2. Issue Order of Payment 3. Receive the payment and issue the Official Receipt (OR)	None None None Refer to Article XXI. Section 190 of the 2019 Imus Revenue Code	10 minutes 3 minutes 2 minutes (stop time) 3 minutes	Greg Chuangco Dennis Sauquillo Roderick Biazon Greg Chuangco Dennis Sauquillo Roderick Biazon Staff from the Treasurer's Office Engr. Nenita Casing Cindy De Castro Engr. Guiana F. Monzon
Submit the requirements and receive the order of payment Receive order of payment	1.1 Evaluate the requirements and the location of the lot(s) 1.2 Assess the fees 2. Issue Order of Payment 3. Receive the payment and issue the Official Receipt (OR) 4.1 Process the request	None None None None Refer to Article XXI. Section 190 of the 2019 Imus Revenue Code None	10 minutes 3 minutes 2 minutes (stop time) 3 minutes 5 minutes	Greg Chuangco Dennis Sauquillo Roderick Biazon Greg Chuangco Dennis Sauquillo Roderick Biazon Staff from the Treasurer's Office Engr. Nenita Casing Cindy De Castro

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				Cindy De Castro
	Fill-out Cli	ent Satisfaction Rating Form	ı	
TOTAL Based on assessment 30 minutes				

4. ISSUANCE OF DEVELOPMENT PERMIT AND ALTERATION PERMIT OF SUBDIVISION

A Development Permit is a permit issued and approved by the Sanguniang Panlungsod before any land development is introduced to any parcel of land.

OFFICE OR DIVISION	City Planning and Development Office - Zoning Administrator		
CLASSIFICATION	Highly Technical		
TYPE OF TRANSACTION	G2B – Government to Business, G2C – Government to Citizen, G2G – Government to Government		
WHO MAY AVAIL THE	All Land Owners or Developers who intend to	o alter or develop into a subdivision a parcel(s) of land situated in the City of	
SERVICE	Imus		
	OF REQUIREMENTS	WHERE TO SECURE	
For Development Permit Applica	ation		
Proof of Ownership		Provided by the Owner/Applicant	
Certified True Copy of Transfer C	ertificate of Title(s) (TCT) or Deed of Sale or		
	rtified True Copy of Tax Declaration; Updated		
Tax Receipt			
Six (6) sets of Complete Enginee	ering Plans Signed & Sealed by a Licensed	Provided by the Owner/Applicant	
Engineer			
Plans, specifications, Bill of Materials and cost estimates duly signed and sealed		Provided by the Owner/Applicant	
by the appropriate licensed professionals			
Lot Plan signed and sealed by a lic	ensed Geodetic Engineer; Consolidated plan	Provided by the Owner/Applicant	
of lots for two or more parcels of I	and. For TCT without technical descriptions,		
provide the lot plan with technical	description approved by the Bureau of Lands		
Photocopy of PRC ID and lates	st Professional Tax Receipt (PTR) for the	Provided by the Owner/Applicant	
Licensed Professionals			
Soft copy of the Site Development	Plan of Subdivision (CD or Flash Drive)	Provided by the Owner/Applicant	
Two (2) Copies of project descript	ion (1 ha. and above)	Provided by the Owner/Applicant	
Project Profile			
Audited Financial Statement for th			
Income Tax Return for the last 3 p			
Certificate of Registration from SE			
Articles of Incorporation or partner	ship		



Corporation by-laws and implement For new corporation (3 years & be Income	nting amendments low), Statement of Capitalization & Source of			
Traffic Impact Assessment (TIA) for	or subdivision 30 has. and above.	Provided by the Owner/A	Applicant	
Barangay Resolution where the su	ubdivision is located	Barangay where the bus	siness is located	
Certified True Copy of Enviror	nmental Compliance Certificate (ECC) or	Department of Environm	ent and Natural Resource	ces (DENR)
Certificate of Non-coverage (CNC) whichever is applicable			
Permit to Drill from National Water	r Resources Board (NWRB)	National Water Resource	es Board (NWRB)	
For Alteration Permit Applicatio	n			
Request Letter for the Alteration	of the approved subdivision indicating the	Provided by the Owner/	Applicant	
reasons for the alteration				
Five (5) sets - Site Developme	ent Plan showing the previously approved	Provided by the Owner/	Applicant	
subdivision and the proposed alte	red plan of the subdivision			
Five (5) sets - complete engineer	ing plans if there is a major alteration in the	Provided by the Owner/	Applicant	
road Right of Ways				
For Certificate of Completion Ap	pplication			
Received letter from the Housing and Land Use Regulatory Board (HLURB)		Housing and Land Use F	Regulatory Board (HLUR	RB)
informing the LGU for the applicat	ion of a Certificate of Completion (COC) filed			
by the developer				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the requirements	1.1 Evaluate the requirements, transmit the	None	2 hours	Engr. Nenita Casing;
	application to the Sanggunian and schedule the site inspection.			Greg Chuangco; Roderick Biazon
	1.2 Conduct an ocular inspection of the site.	None	1 day	Roderick Biazori
	conductan codia inspection of the cite.			
1.3 Prepare the Evaluation Report of the		None	2 hours	Greg Chuangco;
	subdivision and submit to the Sanggunian			Roderick Biazon
	Panlungsod.			Engr. Nenita Casing;
				Greg Chuangco; Roderick Biazon;
				Cindy de Castro;
				Onlay de Castro,
	1.4 Approve the application	None	30 days	Vice Mayor and Sangguniang
	201		(4 sessions)	Panlungsod Members

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2. Receive order of payment	Prepare assessment fees and Issue order of payment	None	5 minutes	Engr. Nenita Casing; Greg Chuangco; Roderick Biazon;
3. Pay the required fee at the City Treasurer's Office and OSCP window 4	3. Receive the payment and issue the O.R.	Refer to Article XXI. Section 190 of the 2019 Imus Revenue Code	3 minutes	Staff from the Treasurer's Office
4. Present the original and photocopy of the O.R.	4.1 Prepare the document for approval	None	14 days	Engr. Nenita Casing; Greg Chuangco; Cindy de Castro
	4.2 Approve the request	None	3 days	Mayor Alex L. Advincula Vice Mayor Homer T. Saquilayan Coun. Darwin Marti M. Remulla
5. Receive the document	5. Release the document	None	2 minutes	Engr. Nenita Casing; Greg Chuangco
	Fill-out Client Satisfaction Rating Form			
	TOTAL	Based on assessment	48 days 4 hours 10 minutes	

<u>DEVELOPMENT PERMIT AND ALTERATION PERMIT OF SUBDIVISION FEES</u> Subdivision Projects

Projects under P.D. 957	
Approval of Subdivision Plan (including townhouses)	
Preliminary Approval & Locational Clearance (PALC) / Preliminary Subdivision	P1,000.00/ha. or a fraction thereof
Development Plan (PSDP)	
Final Approval and Development Permit	P2,500.00/ha. regardless of density
I. Inspection Fee	P2,000.00/ha. regardless of density
ii. Fee on Floor Area of houses and building sold with Lot	Refer to Zoning / Locational Clearance Fee
Alteration of Plans (affected areas only)	Same as original application
Projects under B.P. 220	



Preliminary approval & Locational Clearance	
Socialized Housing	P1,000.00/ha.
Economic Housing	P1,000.00/ha.
Inspection Fee	·
Socialized housing	P1,000.00/ha.
Economic Housing	P1,000.00/ha.
Final Approval & Development Permit	<u>'</u>
Processing Fee	
Socialized housing	P1,000.00/ha.
Economic housing	P1,500.00/ha.
Inspection Fee	1 -
Socialized housing	P1,000.00/ha.
Economic housing	P1,000.00/ha.
Fee on Floor Area of houses and building sold with Lot	Refer to Zoning / Locational Clearance Fee
Alteration of Plan (affected area only)	Same as Final Approval and Development Permit
Approval of Industrial Subdivision	· · · · · · · · · · · · · · · · · · ·
Preliminary approval & Locational Clearance	P1,000.00/ha. or a fraction thereof
Inspection Fee	P1,500.00/ha.
Final approval & Development Permit	P1,500.00/ha
Fee on Floor Area of Building sold with Lot	Refer to Zoning/ Locational Clearance Fee
Alteration of plan (affected areas only)	Same as original application
Approval of Commercial Subdivision	
Preliminary Approval & Locational Clearance	P1,000.00/ha. or a fraction thereof
Inspection Fee	P1,500.00/ha.
Final Approval & Development Permit	P2,500.00/ha.
Fee on Floor Area of Building sold with Lot	Refer to Zoning/ Locational Clearance
Approval of Farm lot Subdivision	
Preliminary Approval & Locational Clearance	P1,000.00/ha. or a fraction thereof
Inspection Fee	P1,000.00/ha
Final Approval & Development Permit	P1,500.00/ha
Fee on Floor Area of Building sold with Lot	Refer to Zoning / Locational Clearance Fee



Alteration of plan (affected areas only)	Same as original application
Approval of Memorial Parks/Cemetery Projects	•
Preliminary Approval & Locational Clearance	
For Memorial Projects	P1,000.00/ha.
For cemeteries	P1,000.00/ha.
Inspection Fee	
For Memorial Projects	P1,500.00/ha.
For cemeteries	P1,000.00/ha
Final Approval & Development Permit	
Processing Fee	
For Memorial Projects	P10.00/sq. m.
For Cemeteries	P 5.00/sq. m.
Alteration of plan (affected areas only)	Same as Final Approval and Development Permit

City License Fee for Development

The subdivision owner and business establishment/land owner whose project involves horizontal developments (roads, bridges, drainage system, etc.) shall pay upon application for Development Permit/Zoning/Locational Clearance a Municipal License Fee of five pesos and fifty centavos per square meter (P10.00/sq.m.) of the total land area of the proposed project and an annual fee of one thousand one hundred pesos per hectare (P1,500.00/ha.) or fraction thereof for verification and inspection until the construction of roads, bridges, drainage system, installation of electric post and water system are completed.

ZONING CERTIFICATION FEE

Application/Request for	
Zoning Certification	P500.00/ha.
Certification of Town Plan/Zoning Ordinance Approval	P120.00
c. Others:	
i. Availability of records/public request of copies/research works	P200.00
ii. Certification of no record on file	P200.00
iii. Others:	P200.00
vi. Certified true/Xerox copy of documents	P100.00/page
Certification for Subdivision Verification	
For subdivision less than five (5) hectares	P2,000.00



2.	More than 5 hectares to less than 10 hectares	P3,000.00
3.	Over 10 hectares	P500.00/ha.
4.	Memorial parks/cemetery	P1,000.00/ha.
Resea	rch/Service Fee (50% discount for students)	
1.	Request of colored Zoning Map	P100.00/pc
2.	Certified True Copy (Map, Land Use, Subdivision Plan, etc.)	P200.00/pc
3.	Photocopy of Documents/Data	P50.00 minimum and P5.00/page in excess of 10 pages
4.	Hard copy from CD	P300.00 minimum & P5.00/page in excess of 5 pages
5.	Electronic/Digital File	P300.00

NOTE: The requesting party must leave his/her identification card to the Planning staff upon availing of the original copy of the documents. Once the original documents were returned to the CPDO office, his/her identification card will also be returned to him. Original copies of documents are allowed only to be out of the office of the CPDO within the day.

RENEWAL OF ZONING CLEARANCE

Apartments/Townhouse	
For the first three (3) Units	P 1,200.00/ha.
Three (3) Units and above	P 1,200.00+400.00 for every door/unit
Dormitories	
For the first three (3) Units	P 1,200.00
Three (3) Units and above	P 1,200.00+200.00 for every door/unit
Institutional	
For the first three (3) Classroom	P1,200.00
Three (3) Classroom and above	P1,200.00+400.00 for every door/Classroom
Commercial, Industrial and Agro-Industrial	
For the first three (3) Units	P 1,2000.00/pc
Three (3) Units and above	P1,200.00+500.00 for every door/unit
c Area below 100 sqm.	P 1,200.00
d Area above 100 sqm but not more than 200 sqm.	P 2,000.00
e Area above 200 sqm. But not more than 500 sqm.	P 3,000.00
f More than 500 sqm.	P5,000.00+10.00/sqm in excess of 500 sqm.

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Special Uses/Special Projects	
Gasoline station, cell sites, slaughter house, treatment plan, etc)	Same as original assessment

5. ISSUANCE OF CERTIFIED TRUE COPY OF PLANS, MAPS AND OTHER DOCUMENTS

A certified true copy is an official copy of an important document issued by this office.

City Planning and Development Office - Zoning Administrator

OFFICE OR DIVISION	City Planning and Development Office - Zoning Administrator				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2B – Government to Business, G2C – Government to Citizen, G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST OF	REQUIREMENTS		WHERE TO SECURE		
Photocopy of the documents to be co	ertified	Zoning Administrator			
Valid Identification Cards (ID) ar	nd authorization letter in case of	Provided by the Owner/App	licant		
representatives					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the requirements	1.1 Receive and evaluate the	None	10 minutes	Engr. Nenita Casing;	
	authenticity of the documents			Greg Chuangco;	
				Roderick Biazon;	
	1.2 Assess the fees.	None	5 minutes	Dennis Sauquillo	
2. Receive the order of payment	2. Issue the order of payment	None	2 minutes	Engr. Nenita Casing;	
			(stop time)	Greg Chuangco;	
				Roderick Biazon;	
				Dennis Sauquillo	
3. Pay the required fee at the City	3. Receive the payment and issue	Php 55.00/pc Certified	3 minutes	City Treasurer's Office	
Treasurer's Office/OSCP Window 4	the O.R.	True Copy of documents;			
		Php125.00/ pc Certified			
		True Copy of map and			
		Subdivision Plan			
4. Present the Official Receipt (O.	4.1 Receive the O. R.	None	8 minutes	CPDO Staff	
R.)					
	4.2 Sign the documents	None		Engr. Guiana F. Monzon	
5. Receive the documents	5. Release the document.	None	2 minutes	CPDO Staff	
	Fill-out Clien	t Satisfaction Rating Form			
	TOTAL Based on assessment 30 minutes				



6. PROVIDE DATA & PROFILE OF THE CITY

Profile of the City and other relevant data from social, economic, environmental and institutional sector can be requested to this office.

Profile of the City and other	Profile of the City and other relevant data from social, economic, environmental and institutional sector can be requested to this office.			
OFFICE OR DIVISION	City Planning and Development Office - Zoning Administrator			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2B – Government to Business, G2C – Government to Citizen, G2G – Government to Government			
WHO MAY AVAIL THE	All			
SERVICE				
CHECKLIST OF	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Request letter addressed to the	e City Mayor or City Planning and	Applicant		
Development Coordinator				
Valid Identification Cards (ID)		Applicant		

Development Coordinator				
Valid Identification Cards (ID)		Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the requirements and request of the data needed.	1.1 Verify the availability of the data needed	None	10 minutes	Gina Camerino; Princess Polo
2. Receive order of payment	Prepare assessment fees and Issue order of payment	None	3 minutes (stop time)	Gina Camerino; Princess Polo
3. Pay the required fee at the City Treasurer's Office	3. Receive the payment and issue the Official Receipt (O.R.)	See fees below	3 minutes	City Treasurer's Office
4. Present the Official Receipt (OR)	4.1 Receive the Official Receipt (OR)4.2 Process the request	None	15 minutes	Gina Camerino; Princess Polo
5. Receive the document	5. Release the document	None	2 minutes	Gina Camerino; Princess Polo
	TOTAL	Based on assessment	33 minutes	

Research/Service Fee (50% discount for students)

1.	Certified True Copy of Documents	P 55.00/pc
2.	Certified True Copy (Map, Land Use, Subdivision Plan, etc.)	P125.00/pc
3.	Photocopy of Documents/Data	P50.00Minimum and 1.00/page in excess of 10 pages
4.	Hard copy from CD	P50.00 minimum & P5.00/page in excess of 5 pages
5.	Electronic/Digital File	P250.00



NOTE: The requesting party must leave his/her identification card to the planning staff upon availing of the original copy of the documents. Once the original documents were returned to the CPDO office, his/her identification card will also be returned to him. Original copies of documents are allowed only to be out of the office of the CPDO within the day.

OFFICE OF THE CITY MAYOR EXTERNAL SERVICES



1. ISSUANCE OF MAYOR'S CERTIFICATION

Mayor's Certification is a formal attestation/verification/confirmation of certain characteristics of a person or organization.

OFFICE OR DIVISION	Office of the City Mayor		<u> </u>		
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	All Residents of the City of Imus				
CHECKLIST O	F REQUIREMENTS		WHERE TO SECURE		
Sign up in Electric Registration from	the reception	Office of the City Mayor			
For Certification to Solemnize Ma					
Proof of attendance in an orienta	ation seminar conducted by Philippine	PSA			
Statistics Authority for Solemnizing					
Certified True Copy of Certificate of	Ordination issued by the church	Issuing Church			
Copy of Appointment as a Priest		Church			
For Certification of Church Existe	ence				
Proper endorsement from the Head		Church			
Barangay Certificate (certifying the	existence of the church in the area)	Respective Barangay			
			Client		
For Certification of Non-Taxable					
Barangay Certificate (certifying the present status of the requesting party)		Respective Barangay			
Affidavit of no income		City Legal Office			
hoto copy of Valid ID Client					
For Certification of HOA for Tax E					
Letter of Intent addressed to the City Mayor Client					
	Present endorsement from FIHAI for validity of request Respective Home Owners Association				
Photo copy of Valid ID		Client			
For Certification (Letter of Accept	tance)				
Medical Certificate		Local Health Office			
Valid Identification Card	alid Identification Card Client				
Photo copy of Valid ID					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
 Submit the requirements. 	1.1 Assess the submitted	None	5 minutes	Ernie Tambunting;	
	requirements.			Princess Gayamo;	
	1.2 Issue order of payment.				

2. Pay the required fee at the City	2. Receive the payment and issue the	Mayor's Certification	3 minutes	City Treasurer's Office
Treasurer's Office	O.R.	(Local) –		
		Php 50.00		
		Mayor's Certification for		
		Red Ribbon –		
		Php 150.00		
		Documentary Stamp		
0.00	2.4.01 1.41 0/// 1.1.5	Php 30.00		<u> </u>
3. Present the Official Receipt	3.1 Check the Official Receipt.	None	3 minutes	Princess Gayamo;
(OR).				Ernie Tambunting
	3.2 Process the request.	None	5 minutes	Ernie Tambunting
	·			
	3.3 Review the document.	None	3 minutes	Atty. Cristian P. Saba
				Arturo Pangilinan
	3.4 Present the document to the City	None	1 day	Atty. Cristian P. Saba
	Mayor or Chief of Staff for signature.	140110	, day	7 kty: Oriottari i Saba
	l line of the state of the stat			
	3.5 Release the document.	None	2 minutes	Princess Gayamo;
				Ernie Tambunting
	Fill-out the Cl	ient Satisfaction Rating For	rm	
	TOTAL	Based on purpose	2 days	

Note: Turn Around Time depends on the availability of the City Mayor.



2. ISSUANCE OF MAYOR'S CLEARANCE

Mayor's Clearance is a document issued to an individual or organization that needs verification for foreign/local employment, firearms license, marriage requirements and other legal purposes.

OFFICE OR DIVISION	Office of the City Mayor			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen, G2B - G	overnment to Business		
WHO MAY AVAIL THE	All Residents of the City of Imus			
SERVICE	,			
CHECKLIST (OF REQUIREMENTS		WHERE TO SECURE	
Sign up in Electric Registration from	om the reception	Office of the City Mayor		
Barangay Clearance		Respective Barangay		
Police Clearance		Imus Main Police Station		
MTC Clearance		Municipal trial courts (Loca		
RTC Clearance		Regional trial courts (Loca		
Prosecutor Clearance		Prosecutors Office at old 0	City Hall	
Photocopy of Valid ID		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the requirement.	1.1 Assess the submitted requirement.	None	5 minutes	Princess Gayamo; Ernie Tambunting
	1.2 Issue order of payment			Princess Gayamo; Ernie Tambunting
2. Pay the required fee at City Treasurer's Office.	2. Receive the payment and issue the O.R.	Mayor's Clearance for LTOPF – Php50.00 Mayor's Clearance for Overseas Employment — Php150.00 Mayor's Clearance for Tax Document for Foreign Countries – Php50.00 Mayor's Clearance for Other Purposes – Php50.00	3 minutes	City Treasurer's Office

		Documentary Stamp Php 30.00		
3. Present the Official Receipt (OR).	3.1 Check the receipt.	None	3 minutes	Princess Gayamo; Ernie Tambunting
	3.2 Process the request.	None	5 minutes	Princess Gayamo; Ernie Tambunting
	3.3 Review the document.	None	3 minutes	Arturo Pangilinan Atty. Cristian P. Saba
	3.4 Present the document to the City Mayor for signature.	None	1 day	Atty. Cristian P. Saba Arturo Pangilinan
	3.5 Release the document	None	2 minutes	Princess Gayamo; Ernie Tambunting
		t Satisfaction Rating Form		
	TOTAL	Based on purpose	2 days	

Note: Turn Around Time depends on the availability of the City Mayor.



3. ISSUANCE OF MAYOR'S PERMIT

Mayor's Permit is a document issued to an individual or organization stating the permission or approval to establish, operate or conduct any business, trade or activity within the city.

or douvity within the only.						
	Office of the City Mayor					
	Simple					
	G2C – Government to Citizen, G2B – Government to Business					
	Office of the City Mayor					
CHECKLIST	OF REQUIREMENTS		WHERE TO SECURE			
Sign up in Electric Registration from	om the reception	Office of the City Mayor				
For Mayor's Permit for MERAL	CO Application					
Certificate Final Electrical Inspect	tion	Office of the Building Office	cial			
Meralco Yellow Card		City Engineering Office				
Meralco Application Requirement	S	City Engineering Office				
Mayor's Routing Slip		City Engineering Office				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit the requirements	1.1 Assess the submitted requirements.	None	5 minutes	Princess Gayamo Ernie Tambunting		
	1.2 Issue order of payment					
2. Pay the required fee at City Treasurer's Office	2. Receive the payment and issue the O.R.	Mayor's Permit for Meralco Application – Php 50.00 Mayor's Permit for Fireworks –	3 minutes	City Treasurer's Office		
		Php50.00				
3. Present the Official Receipt (OR).	3.1 Check the receipt.	None	3 minutes	Princess Gayamo; Ernie Tambunting		
	3.2 Process the request.	None	5 minutes	Princess Gayamo; Ernie Tambunting		
	3.3 Review the document.	None	3 minutes	Atty. Cristian P. Saba Arturo Pangilinan		
		None	1 day	Atty. Cristian P. Saba		

IMUS

3.4 Present the document to the City Mayor for signature.			Arturo Pangilinan
3.5 Release the document.	None	2 minutes	Princess Gayamo; Ernie Tambunting
Fill-out the	ne Client Satisfaction Ratin	g Form	
TOTAL	Based on purpose	2 days	

Note: Turn Around Time depends on the availability of the City Mayor



4. ISSUANCE OF MAYOR'S ENDORSEMENT/REFERRAL

Mayor's Endorsement/Referral is a correspondence provided to individuals or organizations seeking employment, sponsorship, or any form of assistance.

OFFICE OR DIVISION	Office of the City Mayor				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
OFFICE OR DIVISION	Office of the City Mayor				
CHECKLIS ⁻	T OF REQUIREMENTS		WHERE TO SECURE		
Sign up in Electric Registration from	m the reception	Office of the City Mayor			
For Referral for Medical Assista					
Medical Abstract/Medical Certificat	te	Attending physician			
Barangay Indigency		Client			
Request letter address to City May	or	Client			
Valid IDs		Client			
For Endorsement for School					
School credentials / Records		Issuing School			
Request letter address to the mayor	or	Client			
Request letter address to mayor		Client			
Barangay Clearance		Respective barangay			
For Endorsement for Job Applic					
Curriculum Vitae (for first time job	seeker)	Client			
Request letter address to mayor		Client			
Barangay clearance		Respective barangay			
Police clearance		Imus main police station			
Photocopy of valid id		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the requirements	1.1 Assess the submitted requirements	None	5 minutes	Princess Gayamo; Ernie Tambunting	
	1.2 Process the document	None	5 minutes	Princess Gayamo; Ernie Tambunting	
	1.3 Review the document	None	3 minutes	Atty. Cristian P. Saba; Arturo Pangilinan	
	_	<u>.</u>			



	1.4 Present the document to the City Mayor	None	1 day	Atty. Cristian P. Saba;
	for the signature			Arturo Pangilinan
2. Get the document.	Release the documents	None	2 minutes	Princess Gayamo
				Ernie Tambunting
	Fill-out Client S	Satisfaction Rating Form		
	TOTAL	None	1 day, 15 minutes	

Note: Turn Around Time depends on the availability of the City Mayor.

5. ISSUANCE OF MAYOR'S AUTHENTICATION

Mayor's Authentication is issued to certify the authenticity of original or photocopied documents for submission to local or international agencies.

OFFICE OR DIVISION	Office of the City Mayor				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
OFFICE OR DIVISION	Office of the City Mayor				
CHECKLIS	T OF REQUIREMENTS		WHERE TO SECURE		
Sign up in Electric Registration	from the reception	Office of the City Mayor			
Original documents to be author	enticated	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the requirements.	1.1 Assess the submitted requirements.	None	5 minutes	Princess Gayamo; Ernie Tambunting	
	1.2 Issue order of payment	None	3 minutes	Princess Gayamo; Ernie Tambunting	
2. Pay the required fee at City Treasurer's Office	2. Receive the payment and issue the O.R.	Authentication (Local) – Php 50.00 Succeeding pages (Local) – Php1 0.00/page Authentication (Abroad) – Php 150.00 Succeeding pages (Abroad) – Php 50.00/page	3 minutes	City Treasurer's Office	



3. Present the Official Receipt (OR).	3.1 Check the receipt.	None	2 minutes	Princess Gayamo; Ernie Tambunting
	3.2 Process the document	None	7 minutes	Dana Garcia
	3.3 Present the document to the City Mayor for the signature	None	1 day	Atty. Cristian P. Saba Arturo Pangilinan
4. Get the document.	Release the document.	None	2 minutes	Atty. Cristian P. Saba Arturo Pangilinan
	Fill-out the Client S	atisfaction Rating Form		
	TOTAL	Based on purpose	2 days	

Note: Turn Around Time depends on the availability of the City Mayor.

6. REQUEST FOR MAYOR'S MATRIMONIAL SERVICES (MASS WEDDING)

The Local Chief Executive has the duty and responsibility to solemnize marriage as stated in Section 455 (b) (1) (xviii) of the Local Government Code of 1991.

OFFICE OR DIVISION	Office of the City Mayor				
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2C – Government to Citizen				
OFFICE OR DIVISION	Office of the City Mayor				
CHECKLIS	CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
Sign up in Electric registration f	from the reception Office of the City Mayor				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the requirements	1.1 Assess the submitted requirements	None	5 minutes	Shareena Monzon	
	1.2 Schedule the wedding.				
Fill-out the Client Satisfaction Rating Form					
	TOTAL	None	5 minutes		



7. REQUEST FOR MAYOR'S OATH TAKING SERVICES

Section 41 of Executive Order No. 292 otherwise known as "Instituting the Administrative Code of 1987" stated that (1) the city mayor has general authority to administer oath in the service of the government of the Philippines whose appointment is vested in the President.

OFFICE OR DIVISION	Office of the City Mayor				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
OFFICE OR DIVISION	Office of the City Mayor		WILEDE TO SECURE		
	T OF REQUIREMENTS		WHERE TO SECURE		
Sign up in Electric registration f		Office of the City Mayor			
For Homeowners' Associatio	n				
List of Officers		Respective Home Owner	s Association		
Endorsement from Association	Angat IMus Homeowners' Alliance Inc.	AIMHAI Office, 4th Floor,	New City Government of Im	ius.	
(AIMHAI) or Civil Society Office			,		
For Barangay Officials					
Endorsement from DILG		DILG Office, 2 nd Floor, New City Government of Imus			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the requirements.	1.1 Assess the submitted requirements.	None	5 minutes	Shareena Monzon	
•	·			Jacqueline Campaña	
				·	
	1.2 Schedule the oath taking and	None	10 minutes	Jeff Purisima	
	prepare the documents		(stop time)	Atty. Cristian P. Saba	
	Free and		(555)	Nikko de Quiroz	
2. Attend scheduled oath taking	2.1 Oath Taking Ceremony	None	20 minutes	Nikko De Quiroz	
ceremony.	2.1. Gain raining coroniony	1.3110	20	Timilo 20 Quilo2	
ceremony.	2.2 Release the oath taking documents	None	3 minutes	Nikko de Quiroz	
		atisfaction Rating Form			
	TOTAL	None	48 minutes		



8. REQUEST FOR FINANCIAL ASSISTANCE

The City Mayor can provide financial assistance to any individual or organization duly registered in the city for additional funding for their activities.

OFFICE OR DIVISION	Office of the City Mayor				
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE	Any association organized for public purposes; Any sports fest or league to be conducted within the jurisdiction of the City of				
	mus;				
	Accredited Homeowners' Associations; Orga	nizers for any competit	tions, seminars and trainings	within the jurisdiction of the	
	City of Imus	•			
	OF REQUIREMENTS		WHERE TO SECUR	RE	
Sign up in Electric registration fro		Office of the City May	or		
Financial Assistance letter address	ssed to mayor Alex Advincula	Client			
Photocopy of a Valid ID		Client			
For Trainings/Seminars/Compe					
Invitation with the date, time and		Event Organizing Cor	nmittee		
Training Design and appropriation	ns of any event				
For Sportsfest/League					
List of players and coaches		Client			
	aptain attesting their participation	Respective Barangay			
Homeowners' Association					
Board Resolution stating the requ	iest	Homeowners' Associa			
List of officers		Homeowners' Association			
For Barangay					
Barangay Resolution		Respective Barangay			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the requirements	1.1 Assess the request letter.	None	5 minutes	Princess Gayamo; Ernie Tambunting	
	1.2 Present the letter to the City Mayor/Chief of staff for notation.	None	1 day	Atty. Cristian P. Saba Jeffrey Purisima Arturo Pangilinan	
	1.3 Forward the noted letter of request for processing	None	3 minutes	Cecille Altamira	



	1.4 Process the financial assistance.	None	3 days	City Treasurer's Office	
2. Submit the Official Receipt	2. Release of Check	None	3 minutes	City Treasurer's Office	
(O.R.)					
Fill-out the Client Satisfaction Rating Form					
	TOTAL	None	4 days, 11 minutes		

NOTE: An individual or entity may be granted of financial assistance only once every quarter as long as their purpose is within the guidelines or subject for evaluation.

9. REQUEST FOR SCHOLARSHIP ASSISTANCE (COLLEGE)

3. NEWOLOT TON GOTTOLANGTIII	AGGIGTANGE (GGELEGE)				
OFFICE OR DIVISION	Office of the City Mayor				
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE	All residents in the City of Imus				
SERVICE	·				
CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	URE	
Sign up in electric registration from	the receptionist	Office of the City Ma			
Duly Accomplished Scholarship In	formation/Evaluation Form	Office of the City Ma	ayor		
Letter Request addressed to the m		Client			
Registration form or Breakdown of		School/University	·	·	
Certified true copy of certification	of grades with general weighted average in	School/University	·	·	
percentage equivalent.					
Proof of income		Client			
Barangay Indigency (Original Copy	/)	Respective baranga	ıy		
Official receipt from previous seme	ester (existing scholars).	Client			
Ids of both guardian and student.		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE	PROCESSING TIME	PERSON RESPONSIBLE	
		PAID			
 Present the requirements. 	1. Check the requirements of the client for	None	10 minutes	Jeanel Tabilisima;	
	qualification and verification.			Marinella Nisseah Asturias;	
				Joyce Ilano	
2. Enroll to electric registration.	2. Input data of the client to Electric	None	5 minutes	Princess Gayamo;	
	registration system			Ernie Tambunting	
3. Submit the requirements	1.1 Assess the requirements	None	5 minutes	Jeanel Tabilisima;	
				Marinella Nisseah Asturias;	
	1.2 Interview the client.	None	5 minutes	Joyce Ilano	



	1.3 Set schedule for release.	None	3 minutes (stop time)		
Fill-out the Client Satisfaction Rating Form					
	TOTAL	None	28 minutes		

NOTE: Schedule for release varies depending on the availability of the allotted fund for scholarship.



OFFICE OF THE CITY MAYOR INTERNAL SERVICES



1. DOCUMENTS FOR SIGNATURE OF THE LOCAL CHIEF EXECUTIVE

Most outgoing documents require the signature of the Local Chief Executive. The office mandatory records all documents to be signed by the City Mayor.

OFFICE OR DIVISION	Office of The City Mayor				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government, G20	C - Government to Citizen,	G2B - Government to Bu	siness	
WHO MAY AVAIL THE SERVICE	All employees of the City Government of	Imus; All residents in the 0	City of Imus		
CHECKLIST O	F REQUIREMENTS		WHERE TO SECURE		
Document for signature	Client; Respective Departments/Offices				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the documents	1.1 Record the submitted documents	None	3 minutes	Jaqueline Campaña;	
				Shareena Monzon	
	1.2 Present the document to the City	None	1 day		
	Mayor for the signature				
Receive the document.	Release the document	None	3 minutes	Jaqueline Campaña;	
				Shareena monzon	
Fill-out the Client Satisfaction Rating Form					
TOTAL None 1 day, 6 minutes					

NOTE: Time varies depending on the availability of the City Mayor.



CITY ADMINISTRATOR'S OFFICE

EXTERNAL SERVICES



1. SCHEDULING OF APPPOINTMENT TO THE CITY ADMINISTRATOR

OFFICE OR DIVISION	City Administrator's Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B –	Government to Business, G2G	- Government to Govern	nment	
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST OF	REQUIREMENTS		WHERE TO SECURE		
Request Letter addressed to the City	Mayor or City Administrator	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the request letter and wait for the scheduled meeting.	1.1 Assess the request letter.1.2 Inform the City Administrator regarding the request1.3 Finalize the schedule1.4 Inform the client	None None	45 minutes 1 day (stop time)	Admin Staff assigned in the window Ma. Blesilda Bautista, Juvy Sanchez, Ma. Carmela Jimenez	
2. Attend the scheduled meeting.	2. Assist the client.	None	5 minutes		
	Fill-put Client Satisfaction Rating Form				
TOTAL Based on assessment 2 days					

^{*}Schedule of meeting depends on the availability of the City Administrator.



2. ISSUANCE OF GOVERNMENT PERMITS FOR ACTIVITIES AND RENTAL OF FACILITIES

The City Administrator's Office issue permits for the clients who wants to rent government facilities like the Imus Sports Complex, Bulwagan, Imus Plaza and Imus City Grandstand.

and inius Only Grandstand.						
OFFICE OR DIVISION	City Administrator's Office					
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2C - Government to Citizen, G2B	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All					
CHECKLIST OF R	REQUIREMENTS		WHERE TO SECURE			
Request Form		City Administrator's Office				
Request Letter addressed to the City	Mayor or City Administrator	Client				
Government-issued ID		Client				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit requirements	1.1 Assess the requirements and check for the availability of the facility.	None	3 minutes	Cecil Reyes		
	1.2 Issue order of payment.	None				
2. Pay prescribed fee at City Treasurer's Office.	2. Receive payment and issue Official Receipt (OR).	Based on Purpose	5 minutes	City Treasurer's Office's assigned Window/s (10 – 13)		
3. Present Official Receipt (OR).	3.1 Input information on the Templated Form	None	3 minutes	Cecil I. Reyes		
	3.2 Signature of the City Administrator	None	2 minutes (stop time)	Hertito V. Monzon City Administrtator		
4. Claim permit.	4. Release permit.	None	2 minutes	Cecil I. Reyes		
	TOTAL	Based on assessment	15 minutes			

NOTE: Signing of the permit depends on the availability of the City Administrator.



Fees for the City Sports Complex

Rental	Rate/Hour
With Aircon	P 10,000.00
Without Aircon	P 2,000.00
Ambulant Vendors (in designated area)	P 250/day

Penalties: Any person who violates the regulations of the City Sports Complex shall be penalized by a fine not less than P1,000.00 but not more than P2,500.00, or an imprisonment for not more than six (6) months or both at the discretion of the court.

Fees for the City Grandstand

Source		Rate					
	Hour	Commercial/Private	Other LGU/Government	Succeeding Hours			
		Companies	Institutions				
Sportsfest	6	P 20,000.00	P 10,000.00	P 1,000.00			
Fun Run	Min 3	P 10,000.00	P 10,000.00				
Practice/Training	Per Hour	P 1,000.00	P 500.00				
Football Tournament	6	P 20,000.00	P 10, 000.00	P 1,000.00			
Football Practice	P200/head						
Lighting (per bulb)	P 200/bulb/hour						

Source	Rate					
	Hour	Priv	rate Schools	Pul	blic Schools	Succeeding Hours
		Within Imus	Outside Imus	Within Imus	Outside Imus	
Sportsfest	6	Free	P 8,000.00	Free	P 8,000.00	P 1,000.00
Fun Run	Min 3	P 5,000.00	P 10, 000.00	P 5,000.00	P 10, 000.00	
Practice/Training	Per Hour	Free	P 50.00/head	Free	P 50.00/head	
Football Tournament	6	Free	P 15, 000.00	Free	P 15, 000.00	P 1,000.00
Football Practice	P 200/head	Free		Free		

Source		Rate			
	Hour	Residents	Non-residents		
Fun Run	Min 3	P 5,000.00	P 10,000.00		
Practice/Training	Per Hour	Free	P 50/head		
Football Tournament	6	P 10, 000.00	P 15, 000.00		

Football Practice	P 200/head	Free	
Walk-in		Free with Government Issued ID or	P 25/head
		apply for Grand Stand Privileged ID	

Penalties: Any person who violates the regulations of the City Sports Complex shall be penalized by a fine not less than P 500.00 but not more than P2,000.00, or an imprisonment for not more than six (6) months or both at the discretion of the court.

Source	Rate
Ambulant Vendors (in designated area)	P 250/day

Fees for Conduct of Group Activities

Activities	Rate
Conference, meetings, rallies, and demonstration in outdoor, in parks, plazas, road/streets	P 100/hour
Dances	P 200/hour
Coronation and Ball	P 200/hour
Promotional Sales	P 100/hour
Motorcade	P 20/vehicle
Other	P 100/hour

Exemption: Programs or activities conducted by educational, charitable, religious, and governmental institutions free to the public shall be exempted from the payment of the fee herein imposed, provided, that the corresponding Mayor's Permit shall be secured accordingly. Programs or activities requiring admission fees for attendance shall be subject to the fees herein imposed even if they are conducted by exempt entities.



3. COMPLAINTS MANAGEMENT

The City Internal Administrator's Office is the repository department of the complaints received through different channels link Contact Center ng Bayan, 8888, Presidential Complaint Center and the likes.

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OFFICE OR DIVISION	City Administrator's Office					
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government					
WHO MAY AVAIL THE SERVICE	All					
CHECKLIST OF	REQUIREMENTS		WHERE TO SECURE			
Complaint Letter		Complainant, Contact Cent	ter ng Bayan, Presidential Co	omplaint Center, Anti-Red		
		Tape Authority, other office	es and agencies.			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit requirements	1.1 Receive and assess the	None	5 minutes	Jac Jac Campat		
	complaint letter.			Lea Solidum		
	1.2 Prepare memorandum for	None	5 minutes			
	signature.					
	4.0 0: (11 0:	Nicos	0	Harden M. Marian		
	1.3 Signature of the City	None	2 minutes	Hertito V. Monzon		
	Administrator.			City Administrator		
	1.4 Issue memorandum to	None	5 minutes	Lea Solidum		
	concerned department, agency, or	None	(stop time)	Lea Goildain		
	institution.		(Stop time)			
	monduon.					
	1.5 Wait for the response or	None				
	resolution.		2 days			
2. Receive the copy of the response	2. Copy furnish the response of the	None	5 minutes	Lea Solidum		
through the e-mail of the						
complainant or different						
government complaint centers.						
	TOTAL	None	3 days			

NOTE: Turn Around Time may vary due to the response of the concerned department.



CITY ADMINISTRATOR'S OFFICE

INTERNAL SERVICES



1. ISSUANCE OF TRAVEL ORDER FOR OFFICIAL BUSINESS

OFFICE OR DIVISION	City Administrator's Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All employees of the city government			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECURE	
Travel Order Form		City Administrator's Office		
Letter of Invitation	Event Organizing Committee			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the requirements.	1.1 Assess the requirements.	None	2 minutes	Cecil I. Reyes
	1.2 Prepare Travel Order.1.3 Approve and sign the Travel Order.	None None	4 minutes 5 minutes	Hertito V. Monzon
				City Administrator
2. Claim Travel Order.	2. Release Travel Order	None	2 minutes	Cecil I. Reyes
	TOTAL	None	20 minutes	

NOTE: Signing of the Travel Order depends on the availability of the City Administrator.



2. ISSUANCE OF TRAVEL ORDER FOR TRAINING AND SEMINAR

OFFICE OR DIVISION	City Administrator's Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All employees of the city government				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECURE		
Travel Order Form		City Administrator's Offic			
Letter of Invitation		Event Organizing Comm			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the requirements.	1.1 Assess the requirements and prepare for Memorandum of Training.	None	5 minutes	Van Carlyne Rocha (HRMU)	
	1.2 Transfer memorandum to City Administrator's Office for approval and signature.	None	5 minutes		
	1.3 Approve and sign the Memorandum of Training.	None	5 minutes	Hertito V. Monzon City Administrator	
	1.4 Input information on the templated form.	None	3 minutes	Cecil I. Reyes	
	1.5 Sign the Travel Order.	None	2 minutes	Hertito V. Monzon City Administrator	
2. Claim Travel Order.	2. Release Travel Order.	None	2 minutes	Cecil I. Reyes	
	TOTAL	None	22 minutes		

NOTE: Signing of the Travel Order depends on the availability of the City Administrator.



3. ISSUANCE OF BIOMETRIC EXEMPTION

OFFICE OR DIVISION	City Administrator's Office			
	,			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All the department and unit heads of the city	government		
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Letter request addressed to City May	yor/City Administrator indicating the name of	Respective department/off	fices	
the employees to be given a biometric exemption.		·		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the requirement.	1.1 Assess the requirement.	None	2 minutes	Cecil I. Reyes
	1.2 Prepare biometric exemption memorandum.	None	4 minutes	
	1.3 Approve and sign the Memorandum of Biometric Exemption.	None	5 minutes	Hertito V. Monzon City Administrator
2. Claim Biometric Exemption.	2. Release Memorandum.	None	2 minutes	Cecil I. Reyes
	TOTAL	None	13 minutes	

NOTE: Signing of the biometric exemption depends on the availability of the City Administrator.



4. ISSUANCE OF MEMORANDUM, EXECUTIVE ORDER, NOTICE OF MEETING AND GUIDELINES

OFFICE OR DIVISION	City Administrator's Office			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All departments/offices in the city government			
CHECKLIST C	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Letter request addressed to City Mayor/City Administrator indicating the purpose/s for the issuance of the subject matter.		Respective department/o	ffices	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the requirement.	1.1 Assess the requirement.	None	2 minutes	Lea Solidum; Ma. Carmela Jimenez
	1.2 Prepare Memorandum, Executive Order, Notice of Meeting, Guidelines.	None	2 days	
	1.3 Review, approve and sign the Memorandum, Executive Order, Notice of Meeting, Guidelines.	None	1 day	Hertito V. Monzon City Administrator
2. Receive Memorandum, Executive Order, Notice of Meeting, Guidelines.	2. Issue and disseminate Memorandum, Executive Order, Notice of Meeting, Guidelines.	None	1 day	Nelson Dua
	TOTAL	None	2 days	

NOTE; Turn Around Time may vary due to the level of Memorandum, Executive Order, Notice of Meeting, Guidelines.



5. REQUEST FOR CERTIFIED TRUE COPY OF OFFICE PERFORMANCE COMMITMENT AND REVIEW (OPCR)

OFFICE OR DIVISION	OlVISION Office of the City Administrator			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	E All departments/offices in the city government			
CHECKLIST O	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Request Letter addressed to the PM	t Letter addressed to the PMT Chairperson/ City Administrator Respective departments/offices			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIBL		
Submit the document.	1.1 Assess and record the submitted	None	5 minutes	Rodavil A. Jacama
	document.			
	1.2 Approve and sign the document.	None	15 minutes	
2. Receive the document.	2. Release the document.	None	2 minutes	Rodavil A. Jacama
	TOTAL	None	22 minutes	

NOTE: Request for a Certified True Copy of the OPCR depends on the availability of the document and final rating.



6. DOCUMENTS FOR SIGNATURE OF THE CITY ADMINISTRATOR

OFFICE OR DIVISION	City Administrator's Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All departments/offices in the city governments	ent		
CHECKLIST (OF REQUIREMENTS		WHERE TO SECURE	
Document for Signature		Respective departments/off	ices	
CLIENT STEPS	AGENCY ACTION FEES TO BE PAID PROCESSING TIME PERSON RESPONS			PERSON RESPONSIBLE
1. Submit the document.	1.1 Assess and record the submitted document.	None	5 minutes	Juvy dela Cruz; Francheska Alquinto; Ma. Carmel Jimenez; Ma. Blesilda Bautista
	1.2 Present the document to the City Administrator for signature.	None	5 minutes	
	1.3 Approve and sign the document.	None	30 minutes	Hertito V. Monzon City Administrator
2. Receive the document.	2. Release the document.	None	3 minutes	Juvy dela Cruz; Francheska Alquinto; Ma. Carmel Jimenez; Ma. Blesilda Bautista
	TOTAL	None	43 minutes	

NOTE: Signing of the document may vary due to number of documents to be signed and the availability of the City Administrator.



CIVIL SECURITY UNIT EXTERNAL SERVICES



1. REQUEST FOR SECURITY ASSISTANCE

The unit will provide security assistance to maintain the peace and order situation at the place of engagement, it will also conduct security inspection in the area to avoid/ preempt any incident that may arise during event/activity/occasion.

OFFICE OR DIVISION	Civil Security Unit			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2G - Government to Government,	G2C – Government to	o Citizen	
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST OF	HECKLIST OF REQUIREMENTS WHERE TO SECURE			IRE
Barangay Clearance (2) copies (G2			g Barangay from the place of V	
Letter request from the requesting of	rganization or group for G2C (2	Office of the City Ma	ayor for notation and approved	and endorsed to Civil Security Unit
copies)		to provide security p		
Letter request from National Govern	ment/ Local Government Unit for		ayor for notation and approved	and endorsed to CSU to provide
G2G (2 copies)		security personnel		
CLIENT STEPS	AGENCY ACTION	FEES TO BE	PROCESSING TIME	PERSON RESPONSIBLE
		PAID		
1. Submission of Letter Request	Receive Letter Request	None	3 minutes	Leonora Lacson
				Bookbinder III, CSU
Interview with Staff concerned	Assess need for security	None	10 minutes	Antonio Baniasia
				Ernesto Herrera
				Investigator/Intel
2. Descrive approval/disconnectal of	2. Approval/Discopproval of Degrees	Nana	2 minutes	Hawtita V/ Managa
3. Receive approval/ disapproval of	3. Approval/Disapproval of Request	None	2 minutes	Hertito V. Monzon
Request				OIC, Chief Security
		ent Satisfaction Rating	í	
	TOTAL	None	15 minutes	



2. REQUEST FOR INVESTIGATION AND POLICE ASSISTANCE

The Unit accept request to conduct investigation on matters related to Pilferage, Abuse of Authority, Violation of the existing laws implementing Rules and regulation and local ordinances committed by the City Government employees or a person or group of persons in cahoots with the government employee/s.

-9				
OFFICE OR DIVISION	Civil Security Unit			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2G – Government to Government,	G2C - Government to Ci	itizen	
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST OF REQUIREMENTS WHERE TO SECURE			RE	
Letter of complaint from complainant requesting investigation. Client				
List of witnesses if there is any		CSU investigator on cas	se	
Documentary and Material evidence	es if there is any	Client		
Personal appearance of complainar	nt and his/her witnesses.	Client		
Letter request for Police Assistance	, telephone call for Police assistance	ce Client		
and/or personal appearance reques	ting Police assistance			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of Letter of	Received letter of Complaint	None	3 minutes	Leonora Lacson
Complaint				Bookbinder III, CSU
2. Interview with the complainant	2. Assess the complaint and	None	30 minutes	Antonio Baniasia
and/or his/her authorized	conduct initial investigation and			Ernesto Herrera
representative	refer to the PNP if necessary			Investigator/Intel, CSU
3. Received letter of endorsement	3.Approval of Letter of	None	15 minutes	Hertito V. Monzon
address to the PNP to conduct full	Endorsement		(stop time)	OIC, Chief Security
investigation.			(555)	
4. Received approval of complete	4. Approval to conduct complete	None	(stop time)	Hertito V. Monzon
investigation by CSU	investigation			OIC, Chief Security
	TOTAL	None	48 minutes	



CIVIL SECURITY UNIT EXTERNAL SERVICES



1. REQUEST FOR ISSUANCE OF ID OF CSU AND BANTAY BAYAN ID

The unit issue identification Cards to a member of Civil Security Unit, Bantay Bayan, Civil Volunteers Organization.

OFFICE OR DIVISION	DIVISION Civil Security Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G - Government to Government; G	2C – Government to Citiz	zen	
WHO MAY AVAIL THE SERVICE	Civilian members of CVO; Members of	f Bantay Bayan of the Ba	rangays; CSU personnel	
CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
Letter request for the issuance of Id	entification Card	Punong Barangay of res	spective Barangays	
io-data Client				
Pictures (1 pc 2x2 and 2 pc 1x1)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submission of Letter Request	Received letter request	None	3 minutes	Leonora Lacson Bookbinder III, CSU
2. Interview with the requesting party concerned	2. Reviewed the submitted documents for any pass over or neglected items	None	3 minutes	Donnabelle Gollayan Messenger, CSU
3. Receive approval/disapproval of request	3. Approval/Disapproval of Request	None	2 minutes	Hertito V. Monzon OIC, Chief Security
	Fill-out the Clien	t Satisfaction Rating For	m	
	TOTAL	None	8 minutes	



HUMAN RESOURCE AND MANAGEMENT OFFICE

EXTERNAL SERVICES



1. RECRUITMENT, SELECTION, AND PLACEMENT

Vacant positions in the City Government of Imus are posted in the following areas: a) HRMO bulletin board, b) Public Employment Service Office (PESO) bulletin board, c) Imus Public Market bulletin board. Vacant positions are also posted in the CSC Job Portal and City of Imus website. Application is open to all who meet the qualifications of the position to be filled. A Human Resource Merit Promotion and Selection Board (HRMPSB) screens and evaluates all qualified applicants and submits the list of candidates recommended for appointment to the Appointing Authority.

OFFICE OR DIVISION	Human Resource Management Office				
CLASSIFICATION	Highly Technical				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2G – Go	overnment to Governm	nent		
WHO MAY AVAIL THE	All qualified applicants				
SERVICE					
CHECKLIST OF REQUIREMENTS FOR APPLICATION WHERE TO SECURE			URE		
	City Mayor for Executive Positions or the	Applicant			
City Vice Mayor for Legislative Po	, ,				
	a Sheet [CSC Form No. 212, Rev. 2017]	Downloadable at CS	C website (csc.gov.ph)		
(1 original copy)					
Certificate of Eligibility [if necessa		CSC Regional Office)		
License [if necessary] (1 photocop		LTO, PRC, SC			
Transcript of Records (TOR) (1 au	thenticated/certified copy)	School/university that applicant attended to			
One (1) Valid I.D. (1 photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-Ibig			
Performance Rating, in case of I	promotion or transfer (1 original/certified	HRMO; Home Agency prior to application			
copy)		WHERE TO GEOLDE			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE			
	211, Rev. 2017] (2 original copies)	HRMO; to be filled out by Licensed Physician			
Clearance (1 original copy)		NBI			
Certificate of Live Birth (1 original		PSA, City Civil Registrar's Office			
	Marriage Contract/Certificate, if married (1 original copy)		strar's Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE	PROCESSING TIME	PERSON RESPONSIBLE	
		PAID			
1. Submit complete requirements	1.1 Receive application and conduct	None	5 minutes	Aerole Micah Paredes	
for application	pre-screening based on qualifications			Human Resource Management	
	and requirements. If qualified, inform			Assistant I	



	the applicant of the written examination schedule			Terry Joie Alexis Juntoria Clerk IV
	1.2 Prepare materials and set the written examination schedule		Schedule varies per position	Sabrina Summer Medina Human Resource Management Officer I Marjane Alexa Santos Administrative Officer I Aerole Micah Paredes Human Resource Management
				Assistant I Angelica Sañez Senior Administrative Assistant I Terry Joie Alexis Juntoria Clerk IV
Take written examination and undergo initial interview	2.1 Administer written examination	None	1 hour	Angelica Sañez Terry Joie Alexis Juntoria
	2.2 Check and rate the written examinations. If passed, inform the applicant of the schedule for initial interview		2 hours	Sabrina Summer Medina Marjane Alexa Santos
	2.3 Conduct initial interview		Schedule varies per position	Aerole Micah Paredes, Sabrina Summer Medina Marjane Alexa Santos Angelica Sañez Terry Joie Alexis Juntoria
	2.4 Prepare materials and set the HRMPSB screening and evaluation schedule		2 weeks for 50 applicants	Aerole Micah Paredes Angelica Sañez Terry Joie Alexis Juntoria



3. Undergo HRMPSB screening	3.1 Conduct final screening of the	None	1 day	Human Resource Merit
and evaluation	applicant 3.2 Check, prepare and finalize		7 days	Promotion and Selection Board Aerole Micah Paredes
	Comprehensive Evaluation Result		1 days	HRMA I
	based on the result of the HRMPSB			
	screening and deliberation			
	3.3 Conduct background investigation		1 to 3 days per applicant	Aerole Micah Paredes
				Human Resource Management Assistant I
				Terry Joie Alexis Juntoria
				Clerk IV
				Angelica Sañez
	3.4 Select appointee based on the		1 to 2 weeks	Senior Administrative Assistant I
	Comprehensive Evaluation Report		1 to 2 weeks	Appointing Authority
	3.5 Inform the successful applicant		5 minutes	
	selected by the Appointing Authority			Aerole Micah Paredes
4. Submit complete requirements	4.1 Receive complete requirements of	None	2 weeks	Aerole Micah Paredes
for appointment	successful applicants			Angelica Sañez
				Terry Joie Alexis Juntoria
	4.2 Process and submit appointment		30 days	Aerole Micah Paredes
	and other pertinent documents to the			Angelica Sañez
	Civil Service Commission for approval			Terry Joie Alexis Juntoria
5. Claim acted appointment from	5.1 Furnish appointee with the		1 day	Angelica Sañez
the CSC	appointment acted by the CSC	NI	The allow and a second	
	TOTAL	None	Timeline varies per	
			position	



Notes:

*The Comprehensive Evaluation Report is submitted to the Appointing Authority to serve as guide in choosing the candidate who can efficiently discharge the duties and responsibilities of the vacant position. The report specifies the top five ranking candidates whose overall scores are comparatively at par based on the following:

- a. performance
- b. education and training
- c. experience and outstanding accomplishments
- d. psycho-social attributes and personality traits
- e. potential

The report also includes observations and comments on the candidate's competence and other qualifications that are important in the performance of the duties and responsibilities of the vacant position to be filled.

**Applications for vacant positions under Ospital ng Imus (ONI) must be submitted and processed at the ONI- HR office.



2. JOB ORDER EMPLOYMENT

Government agencies may hire job-order employees under the provisions of the CSC-COA-DBM Joint Circular No. 1, s. 2017. The hiring of job-order employees in the City must be with the approval of the City Mayor.

OFFICE OR DIVISION	Human Resource Management Office			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE	All qualified applicants			
SERVICE				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECU	IRE
Duly Accomplished Personal Data	Sheet [CSC Form No. 212, Rev. 2017] (1	Downloadable at CSC	website (csc.gov.ph)	
original copy)				
Certificate of Live Birth or Marriage	Certificate (1 photocopy)	PSA		
Clearance (1 original copy)		NBI, Police Station		
Community Tax Certificate (Cedula	a) for employment (1 photocopy)	City Treasury Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit complete requirements	1.1Receive and assess the application 1.2Endorse to the HRMO the list of accepted applicants and their respective designation and payroll	None	1 month	Office of the Mayor
2. Sign Contract of Service	2.1 Prepare and facilitate signing of Contract of Service	None	15 days	Marjane Alexa Santos Administrative Officer I

Note: Due to mass hiring/renewal of job order employees, timeline is also extended.



3. ON-THE-JOB TRAINING

Applications for On-the-Job Training are referred to different departments/units that are most related to the Degree Program of the student applicant.

STAGE 1. APPLICATION

OFFICE OR DIVISION	Human Resource Management Office					
CLASSIFICATION	Complex					
TYPE OF TRANSACTION	G2C – Government to Citizen					
WHO MAY AVAIL THE	All college level students and graduate degree program students					
SERVICE						
CHECKLIST (OF REQUIREMENTS		WHERE TO SECU	JRE		
Resume/Curriculum Vitae (1 origin	nal copy)	Applicant				
Endorsement Letter (1 original cor	py)	School/university who	ere applicant is currently en	rolled		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Submit complete	1.1 Receive and assess the documents.	None	10 minutes	Luth Espiloy, Jr.		
requirements	Encode the application to database.			Admin Assistant II		
	1.2 Endorse MOA to legal department		2 days	Evelyn B. Royo		
	for review			HRMO I		
	1.3 Transmit approved MOA to the City		3 days			
	Mayor's Office for signature					
	1.4 Prepare Endorsement Letter to		1 day	Evelyn B. Royo		
	selected department			16 11 1 1 1 1 1		
	1.5 Sign the endorsement letter		1 day	Kathryn Ann Pantig OIC, HRMO		
	1.6 Review and assess the application.		5 minutes	Respective Department/		
	Inform HRMO of assessment			Unit Head		
	1.7 Inform the applicant of the result of			Luth Espiloy, Jr.		
	application			Admin Assistant II		
				Evelyn B. Royo		
				HRMO I		

2. Report for duty	Orient the student intern and endorse to the respective department/unit		10 minutes	Luth Espiloy, Jr. Admin Assistant II Evelyn B. Royo HRMO I
	TOTAL	None	7 days, 25 minutes	

Note:

Stage 1 ends upon first day of duty. The duration of the On the Job Training is no longer included in the processing time. During this period, HRMO monitors the student trainee and coordinates with school coordinator.

STAGE 2. COMPLETION OF ON THE JOB TRAINING

OFFICE OR DIVISION	Human Resource Management Office				
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE	All students that underwent On the Job T	raining under the City (Government of Imus		
SERVICE					
CHECKLIST (OF REQUIREMENTS		WHERE TO SEC	URE	
Daily Time Record (1 original copy	y)	Accomplished by student intern, signed by respective department/unit head			
Evaluation Form (1 original copy)		School prescribed for	rm, to be rated by immediat	e supervisor during internship	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit complete requirements	1.1 Receive and assess the documents. 1.2 Prepare Certificate of Completion	. None 15 minutes Evelyn B. Royo HRMO I			
	1.3 Sign the Certificate of Completion		3 days	Hon. Alex A. Advincula City Mayor	
2. Receive Certificate of	2.1 Issue Certificate of Completion	1 minute Evelyn B. Royo			
Completion with attached DTR	HRMO I				
and Evaluation Report					
	TOTAL None 3 days, 16 minutes				



HUMAN RESOURCE AND MANAGEMENT OFFICE

INTERNAL SERVICES



1. LEAVE APPROVAL

City Government employees are entitled to an equivalent of 30 leave credits annually, together with other mandated leave benefits, which can be classified as follows:

Commonly Availed Types of Leave

Other Types of Leave:

- 1. Vacation Leave
- Sick Leave
- 3. Forced Leave
- 4. Maternity Leave
- 5. Paternity Leave
- 6. Solo Parent Leave
- 7. Special Privilege Leave

- 1. Magna Carta for Women (R.A. 9710)
- 2. Anti-Violence Against Women and Children (VAW-C) Leave
- 3. Rehabilitation Leave

OFFICE OR DIVISION	Human Resource Management Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All officials; permanent, temporary and	casual employees of the City Government of Imus		
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
Accomplished Application for Leave	[CSC Form No. 6, Rev. 1984] (3	Human Resource Management Office		
original copies)		Truman Resource Management Office		
Additional Requirements per Type of	of Leave			
Vacation Leave Abroad				
Clearance Form (3 original copie	s)	Human Resource Management Office		
Affidavit of No Pending Case (3 of	original copies)	Human Resource Management Office		
Sick Leave (more than 5 days)				
Medical Certificate (1 original cor	py)	Licensed Physician		
Sick Leave (more than 30 days)				
Medical Certificate (1 original	copy)	Licensed Physician		
Clearance Form (3 original copies)		Human Resource Management Office		
Maternity Leave				
CSC Prescribed Medical Certificate Form (2 original copies) HRMO; to be filled out by Licensed Physician		HRMO; to be filled out by Licensed Physician		





Clearance Form (3 original copie	es)	Human Resource Ma	anagement Office		
Paternity Leave					
Birth Certificate of Child (1 photocopy)		, ,	City Civil Registrar's Office		
CSC Prescribed Medical Certific	ate Form (2 original copies)	HRMO to be filled ou	ıt by Licensed Physician		
Solo Parent Leave					
Solo Parent I.D. (1 photocopy)		City Social Welfare I	Development Office		
Magna Carta for Women (R.A. 9710	0)				
Medical Certificate (1 original co	oy)	Licensed Physician			
Anti-Violence Against Women and 0	Children (VAW-C) Leave	Barangay or Court w	here the case is filed		
Barangay Protection Order or Te	mporary/Permanent				
Protection Order (if protection or	der is not yet issued, secure				
Certification from Brgy. Captain	or Clerk of Court (1 original/				
certified copy)					
OR					
Police Report (1 original copy)		• •	Philippine National Police Station		
Medical Certificate		Licensed Physician	Licensed Physician		
Rehabilitation Leave					
Police Report (1 original copy)		• •	Philippine National Police Station		
Certificate of Attendance during	which the accident	Human Resource Ma	Human Resource Management Office		
happened (1 original copy)					
Certification of the Department F		Department/Unit where employee is reporting to			
incurred while in the performance	e of duties (1 original copy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit accomplished	1.1 Receive and assess the	None	2 minutes	Emma Camino	
Application for Leave Form and	application			Admin Assistant IV	
corresponding attachments				Aimelete Maliksi	
				Bookbinder IV	
				Joan Mary Crisostomo	
				Administrative Officer II	



	1.2 Certify available leave credits		10 minutes	Kathryn Ann Pantig HRMO II
	1.3 Approval of the application		1 day	Hertito V. Monzon City Administrator
	1.4 Update employee's Leave Card		5 minutes	Emma Camino Admin Assistant IV Aimelete Maliksi Bookbinder IV Joan Mary Crisostomo Administrative Officer II
2. Receive approved Leave Form	2.1 Issue approved Leave Form	None	1 minute	Emma Camino Admin Assistant IV Aimelete Maliksi Bookbinder IV Joan Mary Crisostomo Administrative Officer II
	TOTAL	None	1 day, 18 minutes	

Notes:



^{*}Application for Vacation Leave, Forced Leave, and Solo Parent Leave must be submitted at least five (5) days before the intended leave date.

^{**}Application for Sick Leave must be submitted within one (1) day upon return to duty.

^{***}Additional information for the other types of leave may be inquired through Ms. Emma Camino and Ms. Annie de Leon.

2. STUDY LEAVE GRANT

Officials and employees of government agencies may apply for Study Leave with pay pursuant to Section 68 of Civil Service Commission Memorandum Circular No. 14 series of 1999, as amended.

OFFICE OR DIVISION	Human Resource Management Office					
CLASSIFICATION	Complex					
TYPE OF TRANSACTION	G2G – Government to Government	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All permanent employees of the City	Government of Imus				
CHECKLIST OF	REQUIREMENTS		WHERE TO SECURE			
Letter Request (1 original copy)		Employee applicant				
Department/Unit Head letter recom Study Leave (2 original copies)	mendation and approval to avail of	Department/Unit where	employee is reporting to			
School Certification and/or enrolment form, copy of Board/Bar examination application and/or official receipt as proof to the purpose of Study Leave (2 photocopies)		School/university where employee is enrolled				
HRMO Certification indicating employee has rendered at least two (2) years of service with at least very satisfactory performance for the last two rating periods immediately preceding the application (2 original copies)		•				
Human Resource Development Council (HRDC) Certification approving the number of leave applied with pay and indicating the conditions/provisions included on the approval of said leave.						
Certificate of no pending administrative and/or criminal charges (3 original copies)		Human Resource Management Office				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit complete requirements	1.1 Receive and process the application	None	2 minutes 5 days	Van Carlyne Rocha Project Development Officer III		



	1.2 Review application. If			Human Resource
	approved, issue HRDC			Development Council
	Certification that employee is			
	qualified to avail of Study Leave		1 day	
				Van Carlyne Rocha
	1.3 Facilitate the signing of			
	Memorandum of Agreement (MOA)		10 minutes	
				Emma Camino
	1.4 Update employee's leave card			Admin Assistant IV
	and process the leave form			
2. Receive approved Leave Form	2.1 Issue approved Leave Form	None	1 minute	Van Carlyne Rocha
and copy of MOA	and copy of MOA			Supervising Admin Officer
				Emma Camino
				Admin Assistant IV
	TOTAL	None	6 days,13 minutes	



3. SERVICE RECORDS, CERTIFICATES OF EMPLOYMENT, AND OTHER HRMO CERTIFICATIONS

City Government employees may request for copies of Service Records, Certificate of Employment, and other Certifications from the Human Resource Management Office.

managomoni Omoo.						
OFFICE OR DIVISION	Human Resource Management Office					
CLASSIFICATION	Simple	Simple				
TYPE OF TRANSACTION	G2G – Government to Government, G2	G2G – Government to Government, G2C – Government to Citizen				
WHO MAY AVAIL THE	All current and previous officials and em	All current and previous officials and employees of the City Government of Imus, relatives of deceased employees of the City				
SERVICE	Government of Imus					
CHECKLIST	OF REQUIREMENTS		WHERE TO SECU	JRE		
None	None Not applicable					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Request for copy of Service	1.1 Entertain request and issue Order	None	2 minutes	Jamie Mc.Coll		
Record/ Certification	of Payment			Data Encoder		
2. Pay the required fee at the	2.1 Receive the Official Receipt.	Certification Fee -	10 minutes	Rossana Parnala		
City Treasury Office and submit	Process the request, verify records	Php 50.00		HRMO I		
to the HRMO the Official	and update if necessary. 2.2 Submit	Documentary		Joan Mary Crisostomo		
Receipt	the document for signature	Stamp Tax –		Administrative Assistant I		
		Php 30.00				
	2.3 Sign the document		1 day	Kathryn Ann Pantig HRMO II		
3. Receive the requested	3.1 Issue the requested document/s	None	1 minute	Jamie Mc.Coll		
document				Data Encoder		
	TOTAL	Php 80.00	1 day, 13 minutes			



4. TRAINING APPROVAL

Officials and employees of the City Government to attend/organize training programs must secure training approval from the Human Resource Development Council (HRDC)

OFFICE OR DIVISION	Human Resource Management Office					
CLASSIFICATION	Complex	Complex				
TYPE OF TRANSACTION	G2G – Government to Government					
WHO MAY AVAIL THE SERVICE	All permanent, temporary and casual e	mployees of the City G	Sovernment of Imus			
CHECKLIST O	F REQUIREMENTS		WHERE TO SEC	URE		
External Training Programs						
Request Letter to the HRDC	Chairman	HRMO; to be signed	by department/unit head			
Training Invitation/Programm	ne	Training Organizer				
Team Building Activities						
Request Letter to the HRDC	Chairman	Requesting departm	ent/unit			
Training Design		Resource Person/s				
List of participants		Requesting department/unit				
Resume/Curriculum Vitae of	Resource Person/s	Resource Person/s				
Benchmarking Activities						
Request Letter to the HRDC	Chairman	Requesting department/unit				
Training Design		Requesting department/unit				
List of participants		Requesting department/unit				
Proof of communication/acce	eptance with the receiving	Receiving Agency				
Agency						
CLIENT STEPS	AGENCY ACTION	FEES TO BE	PROCESSING TIME	PERSON RESPONSIBLE		
		PAID				
Submit compete requirements	1.1 Receive and process request	None	2 minutes	Van Carlyne Rocha		
				Project Development Officer III		
	1.2 Review the request. If approved, issue Training Approval		5 days	Human Resource Development Council		



	1.3 Forward training approval to the City Administrator's Office for the issuance of travel order		5 minutes	Van Carlyne Rocha Project Development Officer III
Receive Training Approval with Travel Order	2.1 Prepare Travel Order for the requested training program. Release Training Approval with Travel Order	None	1 day	City Administrator's Office
	TOTAL	None	6 days, 7 minutes	



5. REQUEST/REPLACEMENT OF EMPLOYEE IDENTIFICATION CARDS

All City Government of Imus employees are issued with Identification Cards upon appointment. In case of damage or loss, employees may request for replacement of I.D. Cards at the HR Office.

	•			
OFFICE OR DIVISION	Human Resource Management Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All employees of the City Governmen	nt of Imus		
CHECKLIST OF I	REQUIREMENTS		WHERE TO SECU	RE
In case of loss Notarized Affidavit of Loss		Notary Public		
In case of damage Old I.D. Card		Requesting employee		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements	1.1 Receive requirements. For RFID Cards, issue Order of Payment	None	2 minutes	Maribel Bamba Admin Assistant IV Faith Francisco Admin Assistant IV
2. For RFID Card replacements, pay corresponding fee at the City Treasury Office and submit Official Receipt at HRMO	2.1 For RFID Card replacements, receive Official Receipt Printing of I.D. Cards	RFID Card replacement fee – Php 400.00	2 days, 4 hours	Maribel Bamba Faith Francisco
3.Receive requested I.D. Card	3.1 Issue requested I.D. Card	None	1 minute	Maribel Bamba Faith Francisco
	TOTAL	None	2 days, 4 hours, 3 minutes	



CITY ENVIRONMENT AND NATURAL RESOURCES OFFICE

EXTERNAL SERVICES



1. ASSESSMENT OF ENVIRONMENTAL PROTECTION AND INSPECTION FEES AND GARBAGE COLLECTION FEES

* If subject to Environmental Compliance Certificate (ECC)/ Certificate of Non-Coverage (CNC), schedule the inspection of business

establishment

An environmental protection and inspection fee and garbage fee shall be collected yearly for every person engaged in business, profession or occupation or any undertaking in the City of Imus.

OFFICE OR DIVISION	City Environment and Natural Resources Office	City Environment and Natural Resources Office			
CLASSIFICATION	G2B – Government to Business				
TYPE OF TRANSACTION	Simple				
WHO MAY AVAIL THE SERVICE		new business activities	s in the City of Imus		
CHECKLIS	ST OF REQUIREMENTS		WHERE TO SEC	URE	
Barangay Endorsement		Respective Barangay			
	association if the establishment is in subdivisions	Respective Homeown			
Waste Management Seminar Certif		City Environment and		fice	
	ate or Certificate of Non- Coverage for the	DENR/EMB Online Ap	plication		
following business establishments:					
 Junkshops 					
 Gasoline Stations 					
 Hospitals 					
 Emission Testing Center 					
 Piggery 					
 Poultry 					
 Large-scale Industries 					
 Funeral Parlors 					
 Cemeteries 					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE	
			TIME		
1. Submit documentary	1.1 Record name, address and contact number	None	5 minutes	Maricel Bautista	
requirements	of the applicant				
	1.2 Evaluate submitted documents	None	1 hour	Ranjelle Forton	
				Ronaldo De Castro	



Arturo Capati

		assessment	minutes	
	TOTAL	Based on	1 hour, 20	
Fill out Client Satisfaction Rating Form				
,,		Protection and Inspection Fees below		
3. Pay necessary fees	3. Receive payment and release Official Receipt	See Environmental	5 minutes	City Treasurer's Office
	2.2 Advise applicant's schedule of "Waste Management Seminar for Business Establishments"			
2. Secure Assessment	2.1 Assess garbage fee		10 minutes	Maricel Bautista
	* If subject to ECC/CNC, inspect business establishment			
	* If subject to ECC/ONC insured business			

NOTE: Service can be availed at the Business One Stop Shop (BOSS) Area

ENVIRONMENTAL PROTECTION AND INSPECTION FEE

	Amount per Annum
1. Heavy Industries	
a. Tannery	5,000.00
b. Chemical Manufacturing	5,000.00
c. Refinery	5,000.00
d. Batching Plant	4,000.00
e. Electronics	4,000.00
f. Metal Fabrication	4,000.00
g. Plastic/Vinyl, Glass Manufacturing	4,000.00
h. Aluminum Fabrication	3,500.00
i. Bulb Manufacturing	3,000.00
j. Rubbery/Dye/Paint	2,500.00
k. Food Processing	2,500.00

I. Others	2,000.00
2. Medium Industries	
a. LPG Refilling Plant	2,000.00
b. Ceramics, Toilet Fixtures	1,500.00
c. Hatchery	1,500.00
d. Food Processing (Medium Scale)	1,500.00
e. Printing	1,000.00
f. Paper Products	1,000.00
g. Concrete Products	1,000.00
h. Others	1,000.00
3. Light Industries	
a. Agro-Industrial	1,000.00
b. Furniture Making	1,000.00
c. Garments & Other Fabric Based Products	1,000.00
d. Assembly	700.00
e. Storage/Warehouse/Haulage/Trading	500.00
f. Corrugated Cartons	500.00
g. Lessor	500.00
h. Packaging	500.00
i. Others	500.00
4. Food Industries	
a. Bakery	500.00
b. Restaurant	500.00
c. Canteen	100.00
d. Carinderia	100.00
e. Fruit Stall	100.00
f. Others	300.00
5. Trading Merchandise	
a. Supermarkets	2,000.00
b. Market Stall	

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1. Wet Goods	200.00
2. Dry Goods	200.00
c. Sari-sari Store	200.00
d. LPG, Pet Shop, Drugstore, Flower Shop & Gardens/Nurseries	500.00
e. Appliance Center, Electronic Store, Auto Supply, General Merchandise, Electrical Supply, Bicycle Store, Dental/Medical Supply, Gift Shop, Shoes, Bags, Garments Store, Agricultural/Veterinary Supply	500.00
f. Hardware Construction Supply, Raw Material Supply, Furniture, Paint Center, Glass and Aluminum	500.00
g. Others	500.00
6. Small Scale Industries	
a. Jeepney Body Builders	500.00
b. Hollow Blocks/Furniture	500.00
c. Garments/Shoes/Bags/Hats	500.00
d. Others	500.00
7. Amusement Places	
a. Coliseum, Resorts, Function Halls	500.00
b. Billiard Hall, Bingo House, Bowling, Fitness Center	500.00
c. Race Tracks, Sports Coliseum	500.00
d. Others	500.00
8. Institutional Establishment	
a. Hospitals	2,000.00
b. Lying-In Clinics	1,000.00
c. Clinics and Laboratories	1,000.00
d. Private Schools	1,000.00
e. Banks, Pawnshops, Money Changers, Lending Investors	1,000.00
f. Others	500.00
9. Services	
a. Repair Shop/Vulcanizing	300.00
b. Beauty Parlor, Barber Shop	300.00
c. Rentals (Video Computer)	300.00
d. Transportation Terminals	300.00



e. Water Refilling	1,000.00
f. Telecommunications	2,000.00
g. Services Offices	500.00
h. Funeral Services	2,000.00
i. Water District	3,000.00
j. Dwelling	
i. Apartments for Rent (per door) 50/day	50.00
ii. Boarding Houses/Dormitories (per bed)	50.00
iii. Hotels, Inns	1,000.00
k. Printing Establishments	500.00
I. Others	500.00
10. Agricultural	
a. Poultry Farms, Piggery, Cattle Raising	1,500.00
b. Fish Pen	1,000.00
c. Rice Mill	500.00
d. Others	500.00
11. Slaughter House	2,000.00
12. Private Offices	300.00
13. Junkshops	2,000.00
14. Gasoline Service & Filling Station including LPG	2,000.00
15. Memorial Chapels	2,000.00
16. Golf Courses	500.00
17. Golf Clubs, Tennis Club and Gun Clubs	
18. Other Recreational Facilities	
19. All other businesses not specifically mentioned outside each category	

II.4. GARBAGE FEES:

Administration Offices, Offices Professionals		540.00
	Amount per Annum	
Apartments		360.00/door



Bakeshops	10.00/day	3,600.00
Bakeries, Eateries, Canteen and Cafeterias	5.00/day	1,800.00
Mini-Bakeries	3.00/day	1,080.00
Beauty Parlors, Hair Salons and Barber Shops:		
with more than6 personnel	3.00/day	1,080.00
with 4 to 6 personnel	2.00/day	720.00
with solo up to 3 personnel	1.00/day	360.00
Department Stores, Malls Warehouse (with Private Garbage Collector)		6,000.00
Dormitories, Lodging or Boarding House	1.00/day/boarder	
1 boarder		360.00
2 boarders		720.00
3 boarders		1,080.00
4 boarders		1,440.00
5 boarders		1,800.00
6 boarders		2,160.00
7 boarders		2,520.00
8 boarders		2,880.00
9 boarders		3,240.00
10 boarders		3,600.00
11 boarders		3,960.00
12 boarders		4,320.00
Fast Food Centers (with Private Garbage Collector)	10.00/day	3,600.00
Fast Food Centers (w/out Private Garbage Collector)		200,000.00
Financial (Bank) and Lending Institution and Pawnshops	1.00/day/personnel	1,200.00
Funeral Parlors		2,400.00
Memorial Chapels:		
with 10 chapels and above		30,000.00
with 6 to 10 chapels		20,000.00



with 5 chapels and below		10,000.00
Gasoline and Service Stations		3,600.00
Carwash and Auto Repair Shop		720.00
Hospitals/Lying -Inn (Should have Private Contractor for Infectious Wastes):		
Tertiary		115,200.00
Secondary		57,600.00
Primary		28,800.00
Internet Café:		
With Snack Counter		1,080.00
Without Snack Counter		540.00
Manufacturer (Should have Private Contractor)		6,000.00
Media Facilities		540.00
Medical and Dental Laboratories (Should have Private Contractor for Infectious)		1,800.00
Medical, Dental and Animal Clinics		720.00
Movie House		1,800.00
Restaurants and Bars		3,600.00
Resorts		3,600.00
Sari-Sari Store		No Garbage
Schools (with Ecological Solid Waste Management Program):		
1000 or more enrollees		12,000.00
500 to 999 enrollees		9,600.00
50 to 499 enrollees		4,800.00
49 and below enrollees		2,400.00
Slaughterhouses		12,000.00
Stall at Malls or Department Stores		1,200.00
For Kiosk		600.00
Stalls at Public Market		No Garbage
Private Markets/Talipapa	3.00/stall/day	1,080.00/stall
Supermarket		3,600.00
Telegraph, Teletype, Cable and Wireless Communication Companies		720.00

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Telephone and Electric Companies		720.00		
All Business, industry, commercial, and agricultural establishments not	All Business, industry, commercial, and agricultural establishments not specifically mentioned aboved:			
500 or more but less than 1000 sq. mtr.		3,600.00		
200 or more but less than 500 sq. mtr.		2,400.00		
100 or more but less than 200 sq. mtr.		1,200.00		
50 or more but less than 100 sq. mtr.		720.00		
25 more but less than 50 sq. mtr.		540.00		
less than 25 sq. mtr.		365.00		

*DISCOUNTS

- a) New business establishments that will operate or have their operation during or within the last quarter of the year and will secure for Mayor's Permit/Business Permit shall be given discount on garbage fee only, based on the duration of the period left on said calendar year.
- b) Additional discounts may be granted to establishments on such rates as may be prescribed for implementing program on wastes reduction, wastes segregation, composting, or recycling in support to the solid waste management program of the city as embodied in an ordinance or implementing rules.



2. RECORDING OF SETTLED FINES IN VIOLATION OF ENVIRONMENTAL ORDINANCE SERVICE

A citation ticket indicating violations and penalties are issued by CENRO to all violators of city environmental ordinances.

		-			
OFFICE OR DIVISION	City Environment and Natural Resources Office				
CLASSIFICATION	G2C – Government to Citizens	G2C – Government to Citizens			
TYPE OF TRANSACTION	Simple				
WHO MAY AVAIL THE SERVICE	Any Individual Person/Any Business establish	nment or Enterprise.			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECU	RE	
Citation Ticket		CENRO			
Official Receipt (from the Treasurer's	al Receipt (from the Treasurer's Office) City Treasurer's Office				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING PERSON RESPONSIBLE			
			TIME		
1. Present the Official Receipt (OR)	1.1 Record OR No. of fines being paid	None	5 minutes	Nerea Crisosstomo	
to the staff in charge for recording				Esperanza De la Cruz	
l and a second s	1.2 Stamp OR as "Recorded"			1	
Fill out Client Satisfaction Rating Form					
TOTAL None 5 minutes					



3. PROVISION OF FREE SOIL ENHANCER

To encourage Urban Organic Gardening, city produced soil enhancer are given free to all Imuseños

OFFICE OR DIVISION	City Environment and Natural Resources Office	се			
CLASSIFICATION	G2C – Government to Citizens				
TYPE OF TRANSACTION	Simple				
WHO MAY AVAIL THE SERVICE	All residents of Imus; Academic and Private G	Froups within the City			
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
Letter of request from individuals or group/agencies Client					
Valid identification card with present address Client					
Sack (for "Palit-sako)		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit letter request	Evaluate submitted letter.	None	5 minutes	Esperanza De la Cruz	
2. Receive and fill-out Soil	2.1 Issue Soil Enhancer Distribution Form	None	10 minutes	Esperanza De la Cruz	
Enhancer Distribution Form and					
instructions	2.2 Give Instructions on "Palit-Sako"				
	requirement on availing free soil enhancer.				
3. Present Soil Enhancer	3.1 City Composting Facility to receive Soil	None	20 minutes	Joselito Cabrera	
Distribution Form and Receive Soil	Enhancer Distribution Form and Issue Soil			Maximiano Villanueva	
enhancer at City Composting	Enhancer.				
Facility located at the Eco- Village	-				
	3.2 Record transaction				
	Fill out Client Satisfact	<u> </u>			
	TOTAL None 35 minutes				



4. ISSUANCE OF CERTIFICATE OF NO OBJECTION TO CUT TREE

A certificate of No Objection to Cut Tree is issued to all individuals , organizations and establishments that upon inspection are compliant with regards to tree cutting requirements

OFFICE OR DIVISION	City Environment and Natural Resources Offi	ce		
CLASSIFICATION	G2C			
TYPE OF TRANSACTION	Complex			
WHO MAY AVAIL THE SERVICE	-All residents, firms or establishments wishing	to cut down trees withir	n the City of Imus	
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE		
Letter of intent		Client		
Barangay Clearance / Certificates of	No Objection from the Barangay.	Client		
ID and Photocopy of Tax Declaration	(must be the landowner of the tree to be	Client		
cut)				
Homeowner's Certification (If subdivi	ision)	HOA		
Pictures of trees to be cut		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter request and	1.1 Evaluate submitted letter and required	None	10 minutes	
requirements	documents.			Arturo Capati
				Jerry Del Mundo
** for online transaction, email	1.2 Schedule ocular inspection.	None	30 Minutes	
request and requirement to				
imuscavcenro@gmail.com				
•	Ocular inspection and Recommendation	None	20 minutes	Manolo Dominguez
notice of availability				Jerry del Mundo,
	10 11 11 11 11	N.	10 ' 1	Arturo Capati
	3. Issuance of Certificate of No Objection	None	10 minutes	Arturo Capati
Objection and endorsement to	and Endorsement to PENKO			
PENRO	Fill out Client Catiofoe	tion Dating Form		
	Fill-out Client Satisfac	tion kating Form	40 MINUITES	T
TOTAL 40 MINUTES				

NOTE: Ocular Inspection for scheduling



5. REQUEST OF ENVIRONMENTAL INFORMATION, EDUCATION CAMPAIGN (IEC) AND TRAINING SERVICES

The City Environment and Natural Resources Office is committed in providing public information and education campaign on environmental management to ensure awareness and participation of every citizens and business establishments geared towards environmental protection and compliance which includes seminars, training services and distribution of flyers and other effective information strategies.

	dulon of hyers and other effective information s				
OFFICE OR DIVISION	City Environment and Natural Resources Offi	ice			
CLASSIFICATION	G2C – Government to Citizens	G2C – Government to Citizens			
TYPE OF TRANSACTION	Simple				
WHO MAY AVAIL THE SERVICE	All residents, academic and private groups in City of Imus				
CHECKLIST	ST OF REQUIREMENTS WHERE TO SECURE			RE	
Letter of request		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit letter of request	1.1 Evaluate submitted letter1.2 Verify and interview client.	None	15 minutes	Nerea Crisostomo Jerry del Mundo,	
2. Schedule the IEC/ Training	Schedule the IEC/ Training * For online IEC/training schedule IEC training and send link of the training	None	10 minutes	Nerea Crisostomo Jerry del Mundo,	
3. Participate in the IEC/Training	3. Conduct IEC/Training	None	Depending on the IEC/Training to be conducted	Nerea Crisostomo Jerry Del Mundo	
	Fill-out Client Satisfac	tion Rating Form			
	TOTAL	None	25 minutes		



CITY BUDGET OFFICE INTERNAL SERVICES



1. PREPARATION OF THE CITY ANNUAL BUDGET

Plan for the expenditures of the projected income of the city for the financial year.

OFFICE OR DIVISION	City Budget Office	•		
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All departments/offices in the city government			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
	Plan (PPMP) (1 Original, 4 Photocopy)	Respective departments		
	P) Form No. 2 (1 Original, 1 Photocopy)	Respective departments		
Programmed Appropriation and Obli	gation by Object of Expenditure (1	Respective departments	s/offices	
Original, 1 Photocopy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit budget proposal.	1.1 Receive budget proposal of different departments/offices.	None	July 1 to July 15, annually	Loreta A. Maliksi
	1.2 Review and consolidate budget proposals.	None	July 16 to October 16, annually	Ms. Arlene DG Duminding City Budget Officer
	1.3 Finalize the budget for budget hearing.	None		
	1.4 Forward to the City Mayor for approval and indorse the same to Sangguniang Panlungsod for final review and appropriate action for the enactment of Sangguniang Panlungsod Ordinance.	None		
	Fill-out Client Satisfa	action Rating Form		
TOTAL None On Schedule				



2. ISSUANCE OF APPROVED OBLIGATION REQUEST (ObR) (SALARIES AND WAGES – REGULAR AND CASUAL AND JOB ORDER) Ensuring that all salaries and wages of all employees are accounted for.

OFFICE OR DIVISION	City Budget Office	··		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government		District Class	0.4
WHO MAY AVAIL THE SERVICE	All departments/offices in the city gover		ucation – Division of Imus	City
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For General Procurement				
	approved by the requesting official and	Respective departments	s/offices	
approving authority (City Mayor, City Supervisor)	Administrator or School District			
Obligation Request Form (1 original	2 photocopies)	Respective departments	s/offices	
For Employees' Salaries and Wag	es/Job Order			
Payroll		Human Resource Mana	gement Unit	
For Travel Expenses				
Letter of Invitation		Training/Seminar Organizing Committee		
Approved Travel Order and Itinerary		Office of the City Administrator		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit payroll of monthly salaries of regular, casual and job order employees	1.1 Receive payroll of employees.	None	2 minutes	Nancy J. Camia (for SEF) Loreta A. Maliksi (for General Fund) Anna Angelica C. De leon (P.S)
	1.2. Check availability of fund, prepares obligation requests and record 1.3 Check record and assign OBR	None None	1 hour 1 hour	Arlene DG Duminding (Job Order) Nancy J. Camia (for SEF)
1				
	Number 1.4 Approve and sign the Obligation Request	None	30 minutes	Ms. Arlene DG Duminding City Budget Officer
Claim the Obligation Request Form.	Number 1.4 Approve and sign the Obligation	None None	30 minutes 1 minute	

TOTAL	None	2 hours and 33	
		minutes	

3. ISSUANCE OF APPROVED OBLIGATION REQUEST (ObR) (PURCHASES AND OTHER EXPENSES) Ensuring all expenditures are properly recorded and charged with its account codes.

OFFICE OR DIVISION	City Budget Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All departments/offices in the city governr	ment; Department of Educ	cation – Division of Imus	City
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For General Procurement				
	approved by the requesting official and	Respective departments	s/offices	
approving authority (City Mayor, City	Administrator or School District			
Supervisor)				
Obligation Request Form (1 original,	2 photocopies)	Respective departments	s/offices	
Purchases and other expenses				
Purchase Request, Purchase Order		Respective department	heads/offices	
For Travel Expenses				
Letter of Invitation		Training/Seminar Organizing Committee		
Approved Travel Order and Itinerary		Office of the City Administrator		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit duly accomplished	1.1 Receive the Purchase Request and	None	2 minutes	Nancy J. Camia
Purchase Requests form with	Obligation Request Form.			(for SEF)
signature of dept. head and				Loreta A. Maliksi
approved by Mayor / Administrator				(for General Fund)
	1.2 Check availability of appropriation	None	5 minutes	Arlene DG Duminding
	and attach slip as proof of funds			(General Fund)
		l		Nancy J. Camia
	1.3 Record and assign Obligation	None	2 minutes	(for SEF Fund)
	Request Number			
	A A A A A A A A A A A A A A A A A A A	None	5 M	M. Alexandra
	1.4 Approve and sign the Obligation	None	5 Minutes	Ms. Arlene DG Duminding
	Request			OIC- City Budget Office



2. Claim the Obligation Request	2. Release of approved and signed	None	1 minute	Loreta A. Maliksi	
Form.	Obligation Request Form.				
Fill-out Client Satisfaction Rating Form					
	TOTAL	None	15 minutes		

4. PROCESSING OF DISBURSEMENT VOUCHERS OF UTILITY, COMMUNICATION AND SUBSCRIPTION EXPENSES Ensuring that all utilities, communications, and subscription expenses are budgeted and processed on time.

OFFICE OR DIVISION	City Budget Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All departments/offices in the city governments	nent; Department of Educ	ation – Division of Imus	City
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Statement of Account/ Billing Statem	nent	Maynilad, MERALCO, P	PLDT	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit Statement of Account of	1.1 Receive the requirement.	None	1 minute	Loreta A. Maliksi
monthly utilities – Meralco, PLDT,				
Maynilad	1.2 Prepare disbursement voucher and	None	5 minutes	Nancy J. Camia
	Obligation Request (ObR)			(for SEF)
				Chona S. Dela Cruz
				Bernadette M. Balinas
	1.3 Record and assign Obligation	None	2 minutes	Arlene DG Duminding
	Request Number			(for general Fund
				Nancy J. Camia
				(for SEF)
		.,		
	1.4 Approve and sign the Obligation	None	2 minutes	Ms. Arlene DG Duminding
	Request			OIC- City Budget Office
				Nancy J. Camia
	1.5 Forward and process to Office of the	None	3 days	(for SEF)
	City Administrator, City Accounting and		0 44,0	Bernadette M. Balinas
	Internal Audit Services Office and City			(for General Fund)
	Treasurer's Office.			,
2. Claim check.	2. Release check.	None	13 minutes	City Treasurer's Office



Fill-out Client Satisfaction Rating Form			
TOTAL	None	3 days and 10	
		minutes	

5. PREPARATION OF DISBURSEMENT VOUCHER FOR FIRE INSURANCE AND LOAN AMORTIZATION

Ensuring that fire insurance and loan ammortization are processed and paid before due date.

OFFICE OR DIVISION	City Budget Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	Financing/ Lending Sector			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Statement of Account/ Billing Staten		City Accounting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit Statement of Account of Existing Loan	1.1 Receive the requirement.	None	1 minute	Bernadette M. Balinas
	1.2 Prepare disbursement voucher and Obligation Request (ObR)	None	5 minutes	Bernadette M. Balinas
	1.3 Record and assign Obligation Request Number	None	2 minutes	Ms. Arlene DG Duminding OIC- City Budget Office
	1.4 Approve and sign the Obligation Request	None	2 minutes	Ms. Arlene DG Duminding OIC- City Budget Office
	1.5 Forward and process to Office of the City Administrator, City Accounting and Internal Audit Services Office and City Treasurer's Office.	None	3 days	Bernadette M. Balinas
	TOTAL	None	3 days and 10 minutes	



6. PRELIMINARY REVIEW OF BARANGAY ANNUAL AND SUPPLEMENTAL BUDGET

Review of the Annual and Supplemental Budget of Barangay and SK.

OFFICE OR DIVISION	City Budget Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	Barangays			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Standard Budget Preparation Forms		Respective Barangays		
Annual Investment Plan (1 Original,		Respective Barangays		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit duly accomplished Barangay Budget Forms and Annual Investment Plan.		None None	1 minute 15 minutes	Neria Arguelles (for Barangay Budget) Nancy J. Camia (SK Budget)
2. Receive transmittal letter	Sign review and transmittal letter of barangay or SK annual/supplemental budget Forward signed transmittal/indorsement letter to Sangguniang Panlungsod	None	10 minutes 5 minutes	Ms. Arlene DG Duminding OIC- City Budget Office Neria Arguelles (for Barangay Budget) Nancy J. Camia
3. Receive the copy of Barangay Annual and Supplemental Budget.	recommending the approval of budget in its regular session. 3. Furnish the concerned barangay the copies of approved Barangay Annual and Supplemental Budget, OR	None	5 minutes	(SK Budget) Neria Arguelles (for Barangay Budget) Nancy J. Camia



	Furnish the concerned barangay the copies of approved SK Annual and Supplemental Budget.			(SK Budget)
Fill-out Client Satisfaction Rating Form				
	TOTAL	None	31 minutes	



CITY ACCOUNTING OFFICE EXTERNAL SERVICES



1. CERTIFICATE OF INCOME TAX WITHHELD

Process request of Certificate of Income Tax Withheld.

OFFICE OR DIVISION	City Accounting Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen, G2B - Govern	ment to Business			
WHO MAY AVAIL THE SERVICE	All supplier, contractor of the City Governmen	t of Imus			
CHECKLIST	F OF REQUIREMENTS WHERE TO SECURE				
Photo copy of voucher		City Treasurer's Office			
Tax Identification Number (TIN)	Client				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Submit requirements	Process the request	None	5 minutes	Florie Arevalo	
Claim Certificate	2. Release the BIR Forms (Forms	None	5 minutes	Florie Arevalo	
	2306,2307)				
Fill-out Client Satisfaction Rating Form					
	TOTAL None 10 minutes				



CITY ACCOUNTING OFFICE INTERNAL SERVICES



1. PROCESS/CERTIFY CLAIMS

Process Disbursement Vouchers.

OFFICE OR DIVISION	City Accounting Office				
CLASSIFICATION	Simple and Complex				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All authorized department representative				
CHECKLIST O	OF REQUIREMENTS WHERE TO SECURE				
Disbursement Vouchers with suppor	ting documents (see attached checklist)	Authorized department I	Representatives		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit Disbursement Vouchers and its supporting documents	and its supporting documents. 1.2 Review the completeness of supporting documents and check the correctness of the mathematical computation. For General Fund For Special Education Fund For Trust Fund 1.3 Complex/Technical Transactions 1.4 Prepare Journal Entry Voucher 1.5 In case of any deficiency, the documents will be returned to the client for the compliance of required attachment.	None None None None None None None None None	5 minutes 15 minutes 30 minutes 5 minutes 5 minutes 5 minutes	Ma. Isabel Fajardo Ruzelia R. Aguilar Emelita Saringayat Susana Bautista Same as above Same as above Officer of the day	
	1.6 Approve as to completeness of supporting documents.	None	5 minutes	Roselie A. Pangilinan	
2. Receives the Disbursement Vouchers and its supporting documents		None	5 minutes	Officer of the day	
	Fill-out Client Satisfa		, ,		
TOTAL None 55 minutes					



2. REQUEST CERTIFICATE OF AVAILABILITY OF FUND (C.A.F.) Process request of Certificate of Availability of Fund

	or rivaliability or raina				
OFFICE OR DIVISION	City Accounting Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All authorized department representative				
CHECKLIST O	F REQUIREMENTS		WHERE TO SECUR	E	
Purchase Request		Authorized department I	Representatives		
S.P. Resolution		Sangguniang Panlungsod			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIBL			
1. Request for C.A.F.	Check the availability of fund and do the certification. Trust Fund only	None	10 minutes	Susana Bautista	
2. Receive the document.	2. Release the document.	None	5 minutes	Officer of the day	
	Fill-out Client Satisfaction Rating Form				
TOTAL None 15 minutes					



CITY LEGAL OFFICE EXTERNAL SERVICES



1. LEGAL COUNSELLING

By providing free legal assistance to all Imus constituents that will be assisted by our lawyers and consultants.

OFFICE OR DIVISION	City Legal Office					
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2C – Government to Citizen					
WHO MAY AVAIL THE SERVICE	All departments/ units in the City Government	nt of Imus; -All residents	and non-residents of th	e City of Imus		
CHECKLIST	OF REQUIREMENTS		WHERE TO SECU	RE		
Other pertinent documents that can l	nelp in establishing facts	Client				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Register in logbook	Inform the Legal Consultants or City Legal Officer	None	2 minutes	Digna Bautista; Mhae Ordoñez; Judith Ambrocio; Eloisa Camposano; Riza Nerona		
2. Present other pertinent documents	interview the client Atty. Marx Nicholai Delmo; Atty. Dulce Bustamante; City Legal Officer					
	Fill-out the Client Satis	faction Rating Form				
	TOTAL None 32 minutes					



2. RENDERING OF WRITTEN LEGAL OPINION(S)

For request seeking legal opinion and drafting letters to the clients and must provide indorsement/ request letter with supporting documents relative to the concern.

COLICETTI.					
OFFICE OR DIVISION	City Legal Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B- Government to Business, G2G – Government to Government				
WHO MAY AVAIL THE SERVICE All					
CHECKLIST (OF REQUIREMENTS		WHERE TO SECU	IRE	
Indorsement/ Request Letter		Office of the City Mayo	or/ Client		
Other pertinent documents that can h	nelp in establishing facts	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Register in logbook	Inform the City Legal Officer	None	1 minute	Annielyn Genido; Rose Ann Gonzales; Shalum Damaso; Riza V. Nerona	
2. Present the indorsement, request letter and other documents	2.1 Assess the submitted documents.	None	3 minutes	Legal Consultant; City Legal Officer	
	2.2 Interview the client and prepare the written opinion.	None	25 minutes		
	2.3 File a copy of the written opinion.	None	2 minutes	Legal Staff and/or Clients	
3. Receive the written opinion	3. Release the document	None	2 minutes	Kimberlyn Marco; Riza Nerona; Shalum Damaso; Gio Adriel Pallera	
	Fill-out the Client Satis	faction Rating Form			
TOTAL None 33 minutes					

NOTE: Release of written opinion may vary depending on the facts and circumstances of each case.



3. PREPARATION OF LEGAL DOCUMENTS OF THE CITY

By providing the draft and finalize of different legal documents that will be required for all Imus constituents

OFFICE OR DIVISION	City Legal Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizens				
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST	LIST OF REQUIREMENTS WHERE TO SECURE				
Government Issued Identifications		Client			
Other pertinent documents that can	nelp in establishing facts	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present a Government issued Identification and other pertinent documents	1.1 Inform the City Legal Officer1.2 Prepare the legal documents that was requested by the client	None None	1 minute 5 minutes	Shalum Damaso; Riza V. Nerona; Annielyn Genido Gio Adriel Pallera; Marcel Joy Galinza; Ernest Christopher Alarcon; Jaymart Samson	
2. Receive the documents	2. Release the document	None	5 minutes	Eloisa Camposano; Mhae Ordoñez; Digna Bautista	
	Fill-out the Client Satis	faction Rating Form			
TOTAL None 11 minutes					



4. FRONTLINE OF PROTECTING HUMAN RIGHTS AND PROSECUTING ANY VIOLATIONS THEREOF

By giving legal assistance to all constituents having an issue regarding human rights violations

OFFICE OR DIVISION	City Legal Office				
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2C - Government to Citizen, G2B-	Government to Busine	ess, G2G – Government to 0	Government	
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST OF	ECKLIST OF REQUIREMENTS WHERE TO SECURE				
Indorsement/ Request Letter		Office of the City May	or/ Client		
Other pertinent documents that can I	nelp in establishing facts	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present the indorsement, request letter and other documents	1.1 Inform the City Legal Officer	None	1 minute	Annielyn Genido; Shalum Damaso; Riza V. Nerona; Rose Ann Gonzales	
	1.2 Assess the documents if needed for research	None	20 minutes	City Legal Officer	
	1.3 Undertake legal research and draft the legal document (if needs research)	None	1 day	Legal Consultants; Atty. Marx Nicholai Delmo; Atty. Dulce Bustamante	
	1.4 Assess and evaluate the draft document and finalize the same	None	1 day	City Legal Officer	
2. Receive the documents	2. Release the document	None	5 minutes	Annielyn Genido; Gio Adriel Pallera; Shalum Damaso; Riza V. Nerona	
		nt Satisfaction Rating F			
TOTAL None 2 days and 26 minutes					



CITY LEGAL OFFICE INTERNAL SERVICES



1. PREPARATION OF LEGAL DOCUMENTS OF THE CITY (TO CITY MAYOR)

For preparation and finalize Executive Orders that will be implemented to the City Government of Imus and to be signed by the Local Chief Executive.

OFFICE OR DIVISION	City Legal Office	•				
CLASSIFICATION	Complex					
TYPE OF TRANSACTION	G2G – Government to Government					
WHO MAY AVAIL THE SERVICE	All departments/ units in the City Government of Imus					
CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	URE		
Indorsement/ Request Letter		Office of the City Mayo	r/ Client			
Other pertinent documents that can		Client				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Present the indorsement, request letter and other documents	1.1 Inform the City Legal Officer	None	1 minute	Shalum Damaso; Kimberlyn Marco		
	1.2 Assess the documents if needed for research	None	20 minutes	Legal Consultants; Atty. Marx Nicholai Delmo; Atty. Dulce Bustamante; City Legal Officer		
	1.3 Undertake legal research and draft the document (if needs research)	None	1 day	Legal Consultants; Atty. Marx Nicholai Delmo; Atty. Dulce Bustamante; City Legal		
	1.4 Assess and evaluate the draft document, then, finalize it.	None	1 day	Officer City Legal Officer		
	1.4 Printing of the Executive Order	None	5 minutes	Only Logar Officer		
				Marcel Joy Galinza		
2. Receive the documents	2. Release the document	None	5 minutes	Kimberlyn Marco; Rose Ann Gonzales;		
	Fill-out the Client Satisfa					
	TOTAL	None	2 days and 31 minutes			



2. PREPARATION OF LEGAL DOCUMENTS OF THE CITY (OTHER OFFICES AND AGENCIES)

By providing the draft and finalize of different legal documents that will be required by different offices and agencies of the City Government of Imus

OFFICE OR DIVISION	City Legal Office	,	<u> </u>	•		
CLASSIFICATION	Complex	Complex				
TYPE OF TRANSACTION	G2G – Government to Government					
WHO MAY AVAIL THE SERVICE	All departments/ units in the City Government of Imus					
CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	URE		
Indorsement/ Request Letter		Any departments/ units	in the City Governme	ent of Imus		
Other pertinent documents that can h		Client				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE		
Present the indorsement, request letter and other documents	1.1 Inform the City Legal Officer	None	TIME 1 minute	Shalum Damaso; Riza V. Nerona; Annielyn Genido		
	1.2 Assess the documents if needed for research	None	20 minutes	City Legal Officer		
	None	1 day	Legal Consultants; Atty. Marx Nicholai Delmo; Atty. Dulce Bustamante; City Legal Officer			
	1.4 Assess and evaluate the draft document, then, finalize it.	None	1 day	City Legal Officer		
2. Receive the documents	2. Release the document	None	5 minutes	Rose Ann Gonzales; Kimberlyn Marco; Judith Ambrocio; Marcel Joy Galnza		
	Fill-out the Client Satisfa	action Rating Form				
TOTAL None 2 days and 26 minutes						



3. CONDUCT INVESTIGATION

To investigate and prosecute administrative complaints filed against City Government of Imus Officials and its employees

To investigate and prosecute t	duministrative complaints filed against City Cov	Cirilinetic of illias Ciliciai	3 and its employees			
OFFICE OR DIVISION	City Legal Office	City Legal Office				
CLASSIFICATION	Complex					
TYPE OF TRANSACTION	G2G – Government to Government					
WHO MAY AVAIL THE SERVICE	All departments/ units in the City Government	t of Imus				
CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	URE		
. Indorsement/ Request Letter		Office of the City Mayo	r/ Client			
. Other pertinent documents that can I	nelp in establishing facts	Client				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Present the indorsement from council offices/ individuals	1. Inform the City Legal Officer	None	1 minute	Digna C. Bautista; Shalum Damaso Riza V. Nerona		
2. Present to the Legal Officer	2.1 Conduct investigation and evaluate gathered data	None	3 days	Legal Consultants; Gio Adriel Pallera		
	2.2 Make final report and recommend legal actions to be pursued	None	2 days	City Legal Officer		
3. Receive the documents	3. Release the document	None	5 minutes	Annielyn Genido; Kimberlyn Marco; Riza V. Nerona		
	Fill-out the Client Satisfa			1		
	TOTAL	None	5 days and 6			
			minutes			



4. REPRESENT THE CASE OF THE CITY

Shall be the official counsel of the City Government in any cases, whether civil or criminal, filed against City Government of Imus and/ or its employees in the performance of their official duty

OFFICE OR DIVISION	City Legal Office			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G - Government to Government			
WHO MAY AVAIL THE SERVICE	All departments/ units in the City Gove	rnment of Imus		
CHECKLIST OF	F REQUIREMENTS WHERE TO SECURE			
Indorsement/ Request Letter		Office of the City Mayo	r/ Client	
Other pertinent documents that can l		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the indorsement, request	1.1 Inform the City Legal Officer	None	1 minute	Shalum Damaso;
letter and other documents				Riza V. Nerona
	1.2 Assess the documents if needed for research	None	20 minutes	City Legal Officer
	1.3 Conduct legal research and draft needed pleadings (if needs research)	None	2 days	Legal Consultants; Atty. Marx Nicholai Delmo, Atty. Dulce Bustamante; Gio Adriel Pallera
	1.4 Review and comment on the draft pleadings and cause the finalization of the legal document/s	None	1 day (stop time)	City Legal Officer
	1.5 Appear before applicable court/ tribunal	None	Depends on court/ tribunal schedules	City Legal Officer
Receive update and report.	2. Report status of case and/ or	None	1 day	City Legal Officer
	outcome			
		Satisfaction Rating Forr		
	TOTAL		4 days and 21 minutes	



5. ORDINANCE REVIEW

Upon request of the Local Chief Executive

OFFICE OR DIVISION	City Legal Office			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2G - Government to Government			
WHO MAY AVAIL THE SERVICE	All departments/ units in the City Gove	rnment of Imus		
	REQUIREMENTS		WHERE TO SECURE	
Indorsement/ Request Letter		Sangguniang Panlungso	od Office	
Other pertinent documents that can		Any government offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present the indorsement, request letter and other documents	1.1 Inform the City Legal Officer	None	1 minute	Shalum Damaso; Kimberlyn Marco; Riza V. Nerona
	1.2 Assess the documents if needed for research	None	20 minutes	City Legal Officer
	1.3 Undertake legal research and draft the document	Atty. Marx Nich		Legal Consultants; Atty. Marx Nicholai Delmo; Atty. Dulce Bustamante
	1.4 Review and evaluate draft document for finalization to the Sangguniang Panlungsod	None	1 day	City Legal Officer
2. Receive the documents	2. Release the document to the Sangguniang Panlungsod	None	5 minutes	Digna Bautista; Marcel Joy Galinza; Judith Ambrocio; Riza V. Nerona
		Satisfaction Rating Form		
	TOTAL	None	2 days and 26 minutes	



YOUTH AFFAIRS OFFICE EXTERNAL SERVICES



1. YOUTH ORGANIZATION REGISTRATION PROGRAM

Registration and accreditation of local youth and youth serving organizations

OFFICE OR DIVISION	Youth Affairs Office			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2C (Government to Citizen)			
WHO MAY AVAIL THE SERVICE	All youth and youth serving organizations of t	he city		
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E	
Official registration form		Issued by the Youth	Affairs Office/ Online thru	u Google Drive
Directory of officers of the organization	on	Client		
Directory of advisers of the organizat	tion	Client		
List of members in good standing		Client		
Copy of organization's constitution a	nd by-laws	Client		
Certificate and/or endorsement from	competent authority	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of requirements at	1.1 Assessment of the requirements needed	None	5 minutes	April Monique S. Manabat
the Youth Affairs Office				
	1.2 Issuance of receiving sheet	None	1 minute	
	1.3 Validation of the organization through its	None	4 days	
	advisers, officers, and members through			
	call, text, and/or e-mail			
	1.4 Signature of the City Mayor and Local	None	1 day	
	Youth Development Officer	N	4	
2. Present the claiming slip issued	2. Issuance of certificate of registration and	None	1 minute	April Monique S. Manabat
by the Youth Affairs Office	accreditation			
	Fill-out the Client Satisfa			
	TOTAL	0	5 days and 7	
minutes				



YOUTH AFFAIRS OFFICE INTERNAL SERVICES



1. ISSUANCE OF VENUE PERMIT FOR ACTIVITIES AND USE OF CHILDREN AND YOUTH CENTER FACILITIES

OFFICE OR DIVISION	Youth Affairs Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C (Government to Citizen), G2B (Government to Business), G2G (Government to Government)			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request form		Youth Affairs Office		
Request letter addressed to the City	Mayor or Local Youth Development Officer	Client		
Government issued I.D.		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of requirements at	1.1 Assessment of requirements needed	None	3 minutes	Reiss Marc F. Dimdam
the Youth Affairs Office	and checking of facility availability			
	1.2 Processing of permit	None	2 minutes	
	1.3 Signature of the Local Youth	None	1 minute	Jericho Reyes
	Development Officer			
Claiming of permit	Releasing of permit	None	1 minute	
	Fill-out the Client Satis	faction Rating Form	·	
	TOTAL	None	7 minutes	



OFFICE OF THE CONGRESSMAN – AKSYON CENTER EXTERNAL SERVICES



1. MEDICAL, BURIAL AND FINANCIAL ASSISTANCE

These are assistance given as an immediate response to cases of individuals and families in crisis situations through the provision of financial and material assistance, to support the recovery of individuals and families from unexpected crisis such as illness or death of family members, and other crisis situations.

OFFICE OR DIVISION	Office of the Congressman/Aksyon Center				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen				
WHO MAY AVAIL THE SERVICE	Imus residents and organizations				
	ST OF REQUIREMENTS	WHERE TO SECURE			
FOR MEDICAL ASSISTANCE:					
General Requirements:					
Government Issued ID with Imus Addres (Photocopy back to back)	s and not expired of the Claimant and Beneficiary	Client			
Barangay Indigency of the claimant and		Barangay Hall			
COMELEC Certification of the claimant a		COMELEC			
* Additional Requirements for Regular					
Updated Medical Certificate (Original or No. and signature)	Certified True Copy with Attending Doctor's License	Doctor or Attending Physician			
Medical Prescription (Photocopy / with A	ttending Doctor's License No. and signature)	Doctor or Attending Physician			
* Additional Requirements for Chemo	therapy and Dialysis:				
Clinical/Medical Abstract (Original or Cerand signature)	tified True Copy with Attending Doctor's License No.	Doctor or Attending Physician			
Treatment Protocol or Price Quotation (C License No. and signature)	Original or Certified True Copy with Attending Doctor's	Doctor or Attending Physician			
* Additional Requirements for Hospita	lization/ In-patient:				
	ue Copy with Attending Doctor's License No. and	Doctor or Attending Physician			
Hospital bill (Original copy only with sign	ature of the billing clerk/staff)	Hospital			
Promissory Note if hospital bill is still unp the billing clerk/staff)	aid (Original or Certified True Copy with signature of	Hospital			
FOR BURIAL ASSISTANCE:					
Government Issued ID with Imus Addres	s and not expired of the Claimant and Beneficiary	Client			
Barangay Indigency of the claimant and	beneficiary (Original Copy)	Barangay Hall			

IMUS

COMELEC Certification of the claimant and beneficiary (Original copy)		COMELEC			
Registered Death Certificate (Certified Tru	e Copy)	Imus City Hall			
Funeral Contract (Certified True Copy or C	Original)	Funeraria			
Certificate of Balance or Promissory Note-	if unpaid	Funeraria			
FOR FINANCIAL ASSISTANCE:					
For Subsistence:					
Government Issued ID with Imus Address	and not expired of the Claimant and Beneficiary	Client			
Assistance for fire victims:					
	and not expired of the Claimant and Beneficiary	Client			
Barangay Indigency of the claimant (Origin	nal Copy)	Barangay Hall			
Fire Incident Report (Original Copy)		BFP			
Picture of the burnt house		Client			
For Balik-Probinsya					
Government Issued ID with Imus Address and not expired of the Claimant and Beneficiary		Client			
Price Quotation of the Transportation/Fare	Price Quotation of the Transportation/Fare		Transportation terminal (ex. bus terminals, travel agency, etc.)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
4. Descent descriptions of the inferrestion					
1. Present documents at the information	1.1 Assess the correctness and completeness of	None	3 minutes	Concierge/ Receptionist	
desk of the Aksyon Center	1.1 Assess the correctness and completeness of the requirements.	None	3 minutes	Concierge/ Receptionist	
		None None	3 minutes 1 minute	Concierge/ Receptionist	
	the requirements. 1.2 Provide Queueing Number (if qualified), if not,			Concierge/ Receptionist Encoders	
desk of the Aksyon Center 2. Wait for the queuing number to be	the requirements. 1.2 Provide Queueing Number (if qualified), if not, explain the deficiencies in requirements 2.1 Registration of the client information in the system and proceed for biometrics. And check if the client has existing record or qualified to avail the	None	1 minute		
desk of the Aksyon Center 2. Wait for the queuing number to be	the requirements. 1.2 Provide Queueing Number (if qualified), if not, explain the deficiencies in requirements 2.1 Registration of the client information in the system and proceed for biometrics. And check if the client has existing record or qualified to avail the assistance.	None None	1 minute 5 minutes		



4. Proceed to the Social Worker for Intake sheet	4.1 Verify the completeness of documents then conduct interview for the intake sheet.	None	8 minutes	Social Worker
	4.2 Assess and Approve the application.4.3 Print intake sheet	None None		
	4.4 Document for signature	None		
5. Wait for the schedule of the payout	5. Inform and notify the client that they will receive a message or call if there's a schedule already.	None	1 minute	Social Worker/Staff
6. Receive a call or text for the schedule	6. Text or Call the Client regarding the schedule	None	(stop time)	Staff
7. Receive assistance on the said schedule	7. Releasing of assistance.	None	3 minutes	DSWD Staff
	Fill-out Client Satisfaction Rati	ng Form		
	TOTAL	None	25 minutes	

^{*} NOTE: The financial assistance will be given in a specific schedule (within three (3) weeks).



2. SCHEDULING OF APPOINTMENT FOR AN AUDIENCE/ MEETING WITH THE CONGRESSMAN

OFFICE OR DIVISION	Office of the Congressman/Aksyon Center				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen, G2B	B – Government to Business, G	G2G – Government to Gov	vernment	
WHO MAY AVAIL OF THE SERVICE	All				
CHECKLIST OF RE	EQUIREMENTS		WHERE TO SECURE		
Request Letter addressed to the Congressman with attached photocopy of valid ID		Client	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit the request letter address to Cong. Adrian Jay C. Advincula and wait for the scheduled meeting.		None	4-5 minutes	Catherine G. Ico Angeline C. Latac.	
, and the second	1.2 Inform and approve the Chief of Staff regarding the request.	None	1 day (stop time)	Angeline C. Latac	
	1.3 Finalize the schedule.				
	1.4 Illionii the chefit				
2. Attend the scheduled meeting.	2. Assist the client.	None	5 minutes		
	Fill-put Client S	Satisfaction Rating Form	•		
	TOTAL	Based on assessment	1 day, 10 minutes		

^{*}Schedule of the meeting depends on the availability of the Congressman



3. ISSUANCE OF CONGRESSMAN'S ENDORSEMENT/REFERRAL

Congressman's Endorsement/Referral is a correspondence provided to individuals or organizations seeking employment, sponsorship, or any form of assistance.

0.000.000.000				
OFFICE OR DIVISION	Office of the Congressman/Aksyon Center			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
CHECKLIST	Γ OF REQUIREMENTS		WHERE TO SECUR	E
For Endorsement for School:				
School credentials / Records		Issuing School		
Request letter address to Cong. A		Client		
Photocopy of Valid ID (with Imus a	ddress and 3 specimen signature)	Client		
Barangay Clearance		Respective barangay		
For Endorsement for Job Applic				
Curriculum Vitae (for first time job		Client		
Request letter address to Cong. A	drian Jay C. Advincula	Client		
Barangay clearance		Respective barangay		
Photocopy of valid Id (with Imus ad	ddress and 3 specimen signature)	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the requirements	1.1 Assess the submitted requirements	None	5 minutes	Catherine G. Ico Klaeford Crispin
	1.2 Process the document	None	5 minutes	Klaeford Crispin
	1.3 Review the document	None	3 minutes	Allen Bryan R. Atienza
	1.4 Present the document to the Congressman for the signature	None	1 day	Allen Bryan R. Atienza Klaeford Crispin
2. Get the document.	2. Release the documents	None	2 minutes	Klaeford Crispin
	Fill-out Client Satisfac	tion Rating Form	•	
	TOTAL	None	1 day, 15 minutes	

Note: Turn Around Time depends on the availability of Congressman Adrian Jay C. Advincula.



GENERAL SERVICES OFFICE EXTERNAL SERVICES



1. EVENTS

To give free of charge services for borrowing of Sounds System, Led Wall, Chairs, Tent, Cooler Fan (Iwata) based on availability of the said items.

OFFICE OR DIVISION	General Services Office	· · · ·	<u> </u>	,
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
Request Letter		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request letter	1. Check the Schedule and Approve the Request	None	10 minutes	Tolentino Macalalad Kristine Bautista (Tents) Mark Angelo Rodriguez Aldrin Miranda Wilson Miranda Marius Enkeel Magbanua John Carlo Rodriguez (Sounds) Ernesto Menancio Jr. John Michael Orozco Geofferson Mantilla Marjun Tunog Marvic Rodriguez (Tables and Chairs) Maximiano Villanueva
				Zaldy Terregoza Feliciano Virata Jr.
	TOTAL	None	10 minutes	1 00.0 1 311



2. TRANSPORTATION (REQUEST OF BUS, COASTER OTHER VEHICLE)

To give Transportation Services to all Imusenos.

OFFICE OR DIVISION	General Services Office				
CLASSIFICATION	Highly - Technical	Highly - Technical			
TYPE OF TRANSACTION	G2C - Government to Citizen; G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	Bus – All residents of Imus; Coaster – Government Elected Official, Department Head and Foreign Visitors				
CHECKLIST C	OF REQUIREMENTS WHERE TO SECURE				
Request Form		General Services Office	е		
Request Letter		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.1 Fill-out Request Form 1.2 Submit Request Form and Letter Request with approval of the City Mayor	1.1 Checking the Schedule and Approved the Request.1.2 Give to the requesting party the Guidelines on the use of City Government Bus/Coaster	None None	10 minutes 5 minutes	Marie Charitess Landicho Administrative Officer IV (Driver and Crew) Wilner Dela Cruz Jorge Perez John Reagan Jancon Alexander Reyes Romulo Cambalisa Clark Calitis Winston Binas Nelson Ongtan	
	Fill-out Client Satisfac	tion Rating Form			
	TOTAL	None	15 minutes		

NOTE: The borrower should provide the following; Fuel, Toll Gate and Other Expenses such as Hotel Accommodation and Food for the Driver and Assistant



3. CEMETERY CARETAKER

To give assistance to all relative for Public Cemetery

OFFICE OR DIVISION	General Services Office	General Services Office			
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen	G2C - Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus				
CHECKLIS	ST OF REQUIREMENTS	OF REQUIREMENTS WHERE TO SECURE			
Death Certificate		City Civil Registrar's Office			
Burial Permit		Business Permits and I	Licensing Office		
Clearance of Excavation		Business Permits and I	Licensing Office		
CLIENT STEPS	AGENCY ACTION	N FEES TO BE PAID PROCESSING PERSON RESPONSIB			
Submit the requirements.	Assist the relative and secure the Permit or Clearance of Excavation.	None	10 minutes	Nelson Vasquez Roque Enrique Guinto Rockie Vasquez	
	TOTAL	None	10 minutes		



GENERAL SERVICES OFFICE INTERNAL SERVICES



1. RECORDING OF PURCHASE REQUEST

To give assistance to all Official Representative of City Government for processing of vouchers.

TO give assistance to all Offic	To give assistance to all Official Representative of Oity Government for processing of vouchers.			
OFFICE OR DIVISION	General Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	City Government of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	URE
Purchase Request (PR)		Respective offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of Purchase Request	Posting to oversight Committee	None	10 minutes	Marie Charitess Landicho Mary Grace Ordona Rubi Rose Orcullo
2. Submission of Purchase Request and Pre-Inspection for repair of vehicle] 3, 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	None	10 minutes	Dennis Parcero Asst. Dept. Head Marie Charitess Landicho Administrative Officer IV Michael Santiaguel Rose Divine Booc (motorpool Pre-Inspection)
	TOTAL	None	20 minutes	



2. RECORDING OF PURCHASE ORDER, VOUCHER, INSPECTION

To give assistance to all Official Representative of City Government for processing of vouchers.

CLASSIFICATION Simp TYPE OF TRANSACTION G2G	G – Government to Government y Government of Imus	Respective Offices Respective Offices Respective Offices FEES TO BE PAID	WHERE TO SEC	PERSON RESPONSIBLE
TYPE OF TRANSACTION G2G WHO MAY AVAIL THE SERVICE City CHECKLIST OF R Purchase Order (PO) Request for Quotation (RFQ) Inspection Reports	G – Government to Government y Government of Imus REQUIREMENTS AGENCY ACTION	Respective Offices Respective Offices		
WHO MAY AVAIL THE SERVICE City CHECKLIST OF R Purchase Order (PO) Request for Quotation (RFQ) Inspection Reports	AGENCY ACTION	Respective Offices Respective Offices		
Purchase Order (PO) Request for Quotation (RFQ) Inspection Reports	AGENCY ACTION	Respective Offices Respective Offices		
Purchase Order (PO) Request for Quotation (RFQ) Inspection Reports	AGENCY ACTION	Respective Offices Respective Offices		
Request for Quotation (RFQ) Inspection Reports		Respective Offices Respective Offices	PROCESSING	DEDSON DESDONSIDI E
Inspection Reports		Respective Offices	PROCESSING	DEDSON DESDONSIDI E
			PROCESSING	DEDSON DESDONSIDI E
CLIENT STEPS		FEES TO BE PAID	PROCESSING	DEDOON DESDONSIDIE
	Recording of Purchase Order		TIME	FEROUN REOFUNDIBLE
Submission of Purchase Order and Post Inspection		None	7 minutes	Marie Charitess Landicho Administrative Officer IV Noel Sapinoso Raquel Dumlao Michael Santiaguel Rose Divine Booc (motorpool Post- Inspection
Signing of RFQ (Request for Quotation) and Abstract of Canvass	nitialing or signing of RFQ	None	10 minutes	Lauro D. Monzon OIC-General Services Office
	nspect all the item purchase by the City vernment of Imus	None	2 hours	Dennis I. Parcero Asst. Department Head Marie Charitess Landicho Administrative Officer IV Joselito Cabrera Olivia Ramos Delfin Sanez Jr Manolito Sahol Rogelio Camet Allan Encabo Ronaldo Del Rosario

IMUS

				Sherwin Saria Roland Reiner Lacson Jeramel Salamat Jerome Saria Joehel Alcantara Alexander Reyes
4. Submit Duly accomplished Inspection Report and signing – City Government of Imus Inspection	Recording of Purchase Order	None	2 hours	Joselito Cabrera Olivia Ramos
5. Signing of Inspection and Acceptance	5. Await Inspection result (Approved Report) from the GSO Head or the Authorized Signatory	None	1 day	Lauro D. Monzon OIC-General Services Office
	TOTAL	None	2 days	



3. PURCHASING AND ISSUANCE OF EQUIPMENT OFFICE SUPPLIES AND MEDICINE

To prepare and release of all Equipment, Office Supplies, Medicine and other materials or supplies.

OFFICE OR DIVISION	General Services Office			
CLASSIFICATION	Highly-technical			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	E City Government of Imus			
CHECKLI	ST OF REQUIREMENTS		WHERE TO SECUR	RE
Request Letter		Respective		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for Equipment, Office Supplies, Medicine and other materials or supplies	1.1 Canvassing of Prices for Regular Monitoring	None	4 hours	Marie Charitess Landicho Administrative Officer IV Erlinda Sanez Rose Orcullo Jennifer Sapanghila Maricris Antique Raquel Dumlao (Vehicle) Nelson James Fajardo Jam Israel Marasigan (Motorpool) Michael Santiaguel Richie Topacio Keith Anin Elmer Bautista
	1.2 Preparation of Office Supplies per department	None	15 days	Marie Charitess Landicho Administrative Officer IV Erlinda Sanez Rubi Rose Orcullo Raquel Dumlao Maricris Antique Jennifer Sapanghila Jennifer Cuenca

	1.3 Preparation of list of Equipment	None	3 hours	Marie Charitess Landicho
				Administrative Officer IV
				Jeramel Salamat Delfin Sanez Jr. Jerome Saria Rogelio Camet Roland Reiner Lacson Joehel Alcantara
				Sherwin Saria Manolito Sahol
2. Prepare the Requisitioning Issue Slip (RIS) or Supply Ledger Card		None	2 hours	Marie Charitess Landicho Administrative Officer IV Erlinda Sanez Rubi Rose Orcullo Raquel Dumlao Maricris Antique Jennifer Sapanghila Alan Salazar Romy Lee Ancheta Alan Encabo Ronaldo Del Rosario Roland Reiner Lacson Jennifer Cuenca
	TOTAL	None	16 days	Common Odonica



4. PROVISION FOR CUSTODIAL OF PROPERTIES, LABELING, TAGGING/INDEXING OF PURCHASE EQUIPMENT, FURNITURE AND FIXTURE, **VEHICLES & OTHER PROPERTY (LAND, TITLE AND BUILDING)**

- o The PRS Shall be issued upon return of all unserviceable properties
- The ARE/PAR shall be used to acknowledge the receipt of property and equipment for official used form the property office
 The ICS shall be used to acknowledge the receipt of items with serviceable life of more than one year but small enough to be considered as PPE

OFFICE OR DIVISION	General Services Office	ouble ine of more than e	mo your but omail onoug	The be considered as TTE
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE				
	T OF REQUIREMENTS		WHERE TO SECUR	E
Custodial Forms		General Services Office	e	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
· · · · · · · · · · · · · · · · · · ·	1.1 Issuance of letter for scheduled of inventory per department	None	5 minutes	Marie Charitess Landicho Administrative Officer IV
	1.2 Inventory of equipment per department, School, Barangay & other Government Agency	None	7 minutes/item	Delfin Sanez Jr Joehel Alcantara Jeramel Salamat Roland Reiner Lacson Manolito Sahol Rogelio Camet Jerome Saria Sherwin Saria
PIS, ARE, Waste Materials, Clearance	2.1 Issuance of Property Return Slip, Property Issue Slip, Acknowledgement Receipt, Inventory Custodian Slip, Waste Materials Clearance	None	15 minutes	Marie Charitess Landicho Administrative Officer IV Jeramel Salamat; Delfin Sanez Jr.; Jerome Saria
	2.2 Secure control number of property (Labeling/tagging & indexing)	None	7 minutes/item	Delfin Sanez Jr Joehel Alcantara Jeramel Salamat Roland Reiner Lacson Manolito Sahol Rogelio Camet Jerome Saria

			Sherwin Saria
2.3 Submit the PRS, PIS, AIR, ICS, Waste Materials for signature by the GSO Head or the Authorized Signatory	None	5 minutes	Lauro D. Monzon OIC-General Services Office
2.4 Recording & Inventory of Infrastructure; or Recording & Inventory of All property (Land); or Recording & Inventory of All property (Equipment)	None	15 minutes	Marie Charitess Landicho Emmanuel Gernale (Infrastructure) Marie Charitess Landicho
			(Land)
			Marie Charitess Landicho Delfin Sanez Jr. Jerome Saria Jeramel Salamat Manolito Sahol Rogelio Camet Roland Reiner Lacson Joehel Alcantara Sherwin Saria (Equipment)
2.5 Disposal of Property	None	*1 month (If for disposal)	Dennis Parcero Asst. Department Head Marie Charitess Landicho Supervising Adminstrative Officer Rogelio Camet Delfin Sanez Jerome Saria
			Michael Santiaguel

5. INSPECTION OF ALL EQUIPMENTS, OFFICE SUPPLIES, FURNITURE & FIXTURE, VEHICLES, & OTHER PROPERTIES PURCHASED BY THE CITY GOVERNMENT

To inspect all the property purchase by the City Government

	purchase by the City Government			
OFFICE OR DIVISION	General Services Office			
CLASSIFICATION	Simple	Simple		
TYPE OF TRANSACTION	G2G – Government to Government	G2G – Government to Government		
WHO MAY AVAIL THE SERVIC	E City Government of Imus			
CHECKLI	IST OF REQUIREMENTS		WHERE TO SEC	URE
Inspection Forms		Respective offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for Inspection of delivered item – GSO Inspection Team		None	2 hours	Dennis Parcero Asst. Department Head Marie Charitess Landicho Administrative Officer V Olivia Ramos Ronaldo Del Rosario Delfin Sanez Jr. Jeramel Salamat Joehel Alcantara Sherwin Saria Manolito Sahol Rogelio Camet Alan Encabo Jerome Saria Roland Reiner Lacson
	TOTAL	None	2 hours	
TOTAL Notice 2 Hours				



6. MAINTENANCE OF CLEANLINESS OF BUILDING

To serve and maintained the cleanliness of Building and other facility owned by the City Government

OFFICE OR DIVISION	General Services Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVIC	City Government of Imus			
CHECKLI	ST OF REQUIREMENTS		WHERE TO SECURI	
Request Letter or Report		Respective Offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter of request or		None	2 hours	Fe Manipol
report	Avenue, around Park & Plaza			Administrative Officer IV
				Leniza Sapin
	1.2 Coordinates with the Engineering office for	None	30 minutes	
	the repair and maintenance of different offices			
	TOTAL	None	2 hours, 30 minutes	_



7. MOTORPOOL SERVICES

To serve and maintained the owned vehicle of the City Government

10 001 VO and maintained	the owned vehicle of the Oity Government			
OFFICE OR DIVISION	General Services Office			
CLASSIFICATION	Complex	Complex		
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERV	CE City Government of Imus			
CHECK	LIST OF REQUIREMENTS		WHERE TO SECUR	RE
Purchase Request		Respective Office		
Purchase Order		Respective Office		
Return of Waste		Respective Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit requirements	Issuance of Pre-Inspection, Post Inspection of repair of vehicle and waste materials	None	1 hour	John Cris Joson Michael Santiaguel Rose Divine Booc
2. Bring vehicle	2. Minor and Major repair of vehicle	None	5 days	John Cris Joson Michael Santiaguel Elmer Bautista Herman Quinto Keith Anin Richie Topacio Neil Marie Sapinoso
	TOTAL	None	5 davs and 1 hour	•



8. REGISTRATION OF MOTOR VEHICLE, INSURANCE OF VEHICLES AND OTHER PROPERTIES

To monitor the Registration of Vehicle and insurance of vehicle and other properties of City Government.

	i di vollidio alla illouralico di vollidio alla cilici pio	F		
OFFICE OR DIVISION	General services office			
CLASSIFICATION	Simple	Simple		
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVIC	E City Government of Imus			
CHECKL	ST OF REQUIREMENTS		WHERE TO SECUR	RE
None		N/A		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Monthly registration / inured of vehicle	None	1 week	Marie Charitess Landicho Administrative Officer V Nelson James Fajardo; Jam Israel Marasigan
	Secure the Insurance of all properties of City Government	None	Once a year	Marie Charitess Landicho Administrative Officer V Nelson James Fajardo; Jam Israel Marasigan
	TOTAL	None	Annual	



CITY ENGINEERING OFFICE EXTERNAL SERVICES



1. ISSUANCE OF EXCAVATION PERMIT

Processing and issuance of Excavation Permit for all the excavation done on roads and sidewalks.

OFFICE OR DIVISION	City Engineering Office			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G – Government to Citizens			
WHO MAY AVAIL THE SERVICE	Imus City residents and utility/ telecommunication company contractors			
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE		
* For residents/ establishments besidents/				
	n the utility company contractor concerned	Maynilad Cavite Business Area – Bacoor City		
* For residents/ establishments besidents/				
	al Receipt of paid bond from the Department	DPWH Cavite District 1 Office – Trece Martirez City		
of Public Works and Highways				
* For Utility Company/ Contractors				
	port from the utility company concerned	Requesting Company Contractor		
Request Letter from the main office	of the utility company	Requesting Company Contractor		
Company Profile		Requesting Company Contractor		
Memorandum of Agreement/ Contra	ct from Utility Company	Requesting Company Contractor		
Scope of Work		Requesting Company Contractor		
Bill of Materials		Requesting Company Contractor		
Working Schedules		Requesting Company Contractor		
Specification		Requesting Company Contractor		
Safety Guidelines		Requesting Company Contractor		
	signed engineer with contact number	Requesting Company Contractor		
Plans and drawings		Requesting Company Contractor		
Barangay Clearance		Barangay Hall/s of the Area to be Excavated		
CITMO Clearance		City of Imus Traffic Management Office (2 nd Floor Old Municipal Building)		
Developer's Clearance (for subdivisi government)	ons that are not yet turned over to the city	Developer of the Subdivision where the excavation will take place		
	e (for subdivisions that are already turned	HOA Office of the Subdivision where the excavation will take place		



1. FOR RESIDENTS/ LEAK REPAIR CONTRACTORS

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit complete requirements	Assess the requirements and issue order of payment		5 minutes	Erson John Villamer, Ramir Posadas Paul John Pallera, Rose Ann Legaspi, Charlyn Lu Cuenca, Glicerio Camama,		
2. Payment of assessed fees	2. Issue Official Receipt (O.R.)	See table of fees below	2 minutes	Treasurer's Office		
3. Present O.R. and claim Excavation Permit	3. Issue Excavation Permit		3 minutes	Engr. Edward dela Cruz, Paul John Pallera, Rose Ann Legaspi, Charlyn Lu Cuenca, Glicerio Camama, Erson John Villamer, Ramir Posadas		
	Fill-out Client Satisfaction Rating Form					
	TOTAL	Based on assessment	10 minutes			

2. FOR UTILITY COMPANY CONTRACTORS

2.1 MAYNILAD CONTRACTORS

	CLIENT STEPS		AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. requir	Submit dements	complete	Assess the requirements and issue order of payment	None	5 minutes	Erson John Villamer, Ramir Posadas, Paul John Pallera, Rose Ann Legaspi, Charlyn Lu Cuenca, Glicerio Camama
2. Pay	ment of assessed	d fees	2. Issue Official Receipt (O.R.)	See table of fees below	2 minutes	Treasurer's Office

Present O.R. and claim Excavation Permit	For Unpaid Cash Bond: Issue Temporary Excavation Permit For Paid Cash Bond:	None	3 minutes	Engr. Edward dela Cruz, Paul John Pallera, Rose Ann Legaspi, Charlyn Lu Cuenca, Glicerio Camama, Erson John Villamer,	
	Issue Excavation Permit			Ramir Posadas	
Fill-out Client Satisfaction Rating Form					
	TOTAL	Based on	10 minutes		
		assessment			

2.2 MERALCO & OTHER TELECOMMUNICATION COMPANIES

CLIENT STEPS AGENCY ACTION		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE			
1. Submit complete	1. Assess the accomplished requirements.	None	5 minutes	Engr. Jane Ruzel Nacpil,			
requirements	Schedule the proposed request for site			Glicerio Camama,			
	inspection			Erson John Villamer,			
				Ramir Posadas,			
				Paul John Pallera			
2. Assist the assigned engineer	2. Conduct Inspection and issue order of	None	1 day	Engr. Edward dela Cruz,			
during site inspection	payment after inspection			Glicerio Camama,			
				Erson John Villamer,			
				Ramir Posadas,			
				Paul John Pallera			
3. Pay the assessment	3. Issue Official Receipt (O.R.)	See table of fees	2 minutes	Treasurer's Office			
		below					
4. Claim Excavation Permit	Issue Excavation Permit	None	3 minutes	Engr. Jane Ruzel Nacpil,			
				Glicerio Camama,			
				Erson John Villamer,			
				Ramir Posadas,			
				Paul John Pallera			
	Fill-out Client Satisfaction Rating Form						
	TOTAL	Based on	1 day and 8 minutes				
	assessment						



FEE(S)/CHARGE(S):

CLIENTS	GP & EP* Fee	Inspection/ Verification Fee	Metering	Bond	
RESIDENTS	P 50.00 Per sq. m.	P 200.00	P 8.00 / water meter	Total Project Cost	
LEAK REPAIR CONTRACTORS	P 50.00 Per sq. m.	P 200.00		x 125%	
RESIDENTS NEAR NATIONAL ROADS	P 50.00 Per sq. m.	P 200.00	P 8.00 / water meter	(DPWH will assess the Bond to be paid)	

^{*}Ground Preparation and Excavation Permit

UTILITY COMPANY CONTRACTOR	Excavation	Inspection/ Verification Fee	Structure Fee	Cash bond
MAYNILAD	Volume x P 3.00 per cu. m.	Restoration Cost x 3%		Total Project Cost x 125%
MERALCO	Volume x P 3.00 per cu. m.	P 200.00/ pole	P 30.00/ pole	
TELECOMMUNICATION COMPANIES	Volume x P 3.00 per cu. m.	P 200.00/ pole	P 25.00/ pole	

2. MAINTENANCE OF DRAINAGE WITHIN THE CITY

Cleaning and de-clogging of all drainage systems within the city.

OFFICE OR DIVISION	Engineering					
CLASSIFICATION	Highly Technical	Highly Technical				
TYPE OF TRANSACTION	G2G – Government to Government, G2C – G	Sovernment to Citizens				
WHO MAY AVAIL THE SERVICE	Barangays, subdivisions, and concerned citiz	ens				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE		
Request letter (addressed to the City	ty Mayor and endorsed to the City Engineer) The requesting party needs to file the request letter to the City Mayor			etter to the City Mayor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit requirement	1. Assess the request.	None	3 minutes	Marissa Talastas, Annalyn Ramos,		
				Kathleen Hernandez, Angelieca Habana		
2. Assist the engineering staff during inspection/ actual cleaning	Inspection and actual cleaning of the requested area	None	5 days	Pablito Clerigo, all maintenance staff		
TOTAL None 5 days , 3 minutes						



CITY ENGINEERING OFFICE INTERNAL SERVICES



1. DRAFTING PROGRAM OF WORKS FOR ALL VARIOUS CITY PROJECTS

Creation of program of works and cost estimate for various city projects.

OFFICE OR DIVISION	City Engineering Office					
CLASSIFICATION	Highly Technical					
TYPE OF TRANSACTION	G2G – Government to Government, G2C – Government to Citizens					
WHO MAY AVAIL THE SERVICE	Barangays, subdivisions, and concerned citizens					
CHECKLIST	OF REQUIREMENTS		WHERE TO SECURE			
Barangay/ HOA Resolution		Barangay hall / HOA Office				
	Mayor and endorsed to the City Engineer)		needs to file the request I			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit complete requirements	Assess requested program of works.	None	3 minutes	Marissa Talastas, Annalyn Ramos, Kathleen Hernandez, Angelieca Habana		
Accompany the engineering staff during inspection	2.1 Inspect proposed-projects.	None	1 day	Mario Bare, Rowel Dela Cruz, Mario Galvez, Michael Molina, Engr. Jane Ruzel Nacpil, Engr. Edward Dela Cruz		
	2.2 Planning and drawing of proposed projects.	None	3 days	Erson John Villamer Michael Molina, Ramir Posadas, Marvin Catacutan, Paul John Pallera Mario Bare,		
	2.3 Drafting the program of works for the inspected project.	None	1 day	Rowel Dela Cruz, Mario Galvez, Mario Galvez, Michael Molina, Engr. Jane Ruzel Nacpil, Engr. Edward Dela Cruz Engr. Enrico Luis Escobar Engr. Rommel John Gandia Engr. Jezreel Dan Gonzales		



2.4 Transmittal of program of works to the admin office Fill-out Client Satisfac	None ction Rating Form	3 minutes	Annalyn Ramos, Kathleen Hernandez, Angelieca Habana
TOTAL	None	5days and 6 minutes	

NOTE: Processing time depends on the approval of plans and programs drafted by the City Engineering Office.



2. PREPARATION OF VOUCHERS AND WORK ACCOMPLISHMENTS FOR COMPLETED GOVERNMENT PROJECTS

Preparation and processing of vouchers and work accomplishments for completed government projects.

OFFICE OR DIVISION	City Engineering Office				
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2B- Government to Business, G2G- Government to Government				
WHO MAY AVAIL THE SERVICE	Contractor of the project	,			
CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	CURE	
Photos of the projects done (before,	on-going, after)	Contractor			
Bidding Documents or BAC Resoluti	on from BAC Office	BAC Office			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	Processing time	PERSON RESPONSIBLE	
Submit complete requirements	Preparation of required documents for billing	None	10 minutes	Marissa Talastas	
2. Signing of Documents	Processing of billing for complied documents	None	2 days	Annalyn Ramos, Kathleen Hernandez, Angelieca Habana	
Fill-out Client Satisfaction Rating Form					
	TOTAL	None	2 days and 10 minutes		



3. PROCESSING OF VOUCHER FOR REFUND OF BOND

Preparation and processing of vouchers for restored excavation projects.

OFFICE OR DIVISION	City Engineering Office			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	Residents/ leak repair contractors			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
Issued Official Receipt of Performance	ce Bond	The Official Receipt is	kept by the owner upon a	application
Photo of restored road area		The inspection team/ a	pplicant can submit the p	photo
Request letter for Certificate of Comp	pletion or Certificate of acceptance from the	Main Office of the Cont	tractor Company/ Utility C	Company
Main Office				
Certificate of Acceptance/ Receipt of	Contractor's Tax/ Photos of Project Done	City Engineering Office)	
* This requirement is for the Contract	tor of large scale excavation done within the			
city				
Valid I.D. (for claiming)		Ol: 4		
		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Assess the requirements and issue	• •	PROCESSING TIME 3 minutes	Paul John Pallera
CLIENT STEPS		FEES TO BE PAID		Paul John Pallera Rose Ann Legaspi
CLIENT STEPS	1. Assess the requirements and issue	FEES TO BE PAID		Paul John Pallera Rose Ann Legaspi Charlyn Lu Cuenca
CLIENT STEPS	1. Assess the requirements and issue	FEES TO BE PAID		Paul John Pallera Rose Ann Legaspi Charlyn Lu Cuenca Glicerio Camama
CLIENT STEPS	1. Assess the requirements and issue	FEES TO BE PAID		Paul John Pallera Rose Ann Legaspi Charlyn Lu Cuenca Glicerio Camama Erson John Villamer
1. Submit complete requirements	Assess the requirements and issue Certification and Voucher	FEES TO BE PAID None	3 minutes	Paul John Pallera Rose Ann Legaspi Charlyn Lu Cuenca Glicerio Camama Erson John Villamer Ramir Posadas
CLIENT STEPS 1. Submit complete requirements 2. Receive the Certification and	1. Assess the requirements and issue	FEES TO BE PAID		Paul John Pallera Rose Ann Legaspi Charlyn Lu Cuenca Glicerio Camama Erson John Villamer Ramir Posadas Office of the City
CLIENT STEPS 1. Submit complete requirements 2. Receive the Certification and proceed to the City Accounting	Assess the requirements and issue Certification and Voucher	FEES TO BE PAID None	3 minutes	Paul John Pallera Rose Ann Legaspi Charlyn Lu Cuenca Glicerio Camama Erson John Villamer Ramir Posadas
CLIENT STEPS 1. Submit complete requirements 2. Receive the Certification and	Assess the requirements and issue Certification and Voucher	FEES TO BE PAID None	3 minutes	Paul John Pallera Rose Ann Legaspi Charlyn Lu Cuenca Glicerio Camama Erson John Villamer Ramir Posadas Office of the City



4. PROCESSING OF VOUCHER FOR REFUND OF BOND (PRE-REQUISITE: CERTIFICATE OF COMPLETION) Preparation and processing of vouchers for restored excavation projects.

OFFICE OR DIVISION	City Engineering Office			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	Maynilad Contractors			
CHECKLIST OF		WHERE TO SECU	RE	
Request letter for Certificate of Completion	on	Maynilad Main Office		
AS Built Plan (A3 & E-File)		Maynilad Main Office		
Pictures (Before & After)		Taken before, during,	and after the excavation	restoration procedure
Company's Contact Number		Maynilad Main Office		
Barangay Clearance		Barangay Hall/s from v	where the excavation too	ok place
Field Density Test Result		Done during actual res	storation of the project	
Concrete Testing Result		Done after concrete po	ouring of the project	
Plastic Envelope		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit complete requirements	Assess the request. Schedule the client for site inspection	None	5 minutes	Erson John Villamer, Ramir Posadas, Paul John Pallera, Rose Ann Legaspi, Glicerio Camama, Charlyn Lu Cuenca
2. Assist the assigned engineer during site inspection	2. Site inspection	None	1 day	Erson John Villamer, Ramir Posadas, Glicerio Camama, Paul John Pallera
3. Claim Certificate	3. Issue Certificate of Completion	None	5 minutes	Erson John Villamer, Ramir Posadas, Paul John Pallera, Rose Ann Legaspi, Glicerio Camama, Charlyn Lu Cuenca
4. Proceed to the Sangguniang Panglungsod Building for signature of		None	3 minutes	Sangguniang Panlungsod Office

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City Councilor for Infrastructure/ Special				
Projects	Received the copy of the certificate			
Fill-out Client Satisfaction Rating Form				
TOTAL None 1 day and 16				
			minutes	



5. PROCESSING OF VOUCHER FOR REFUND OF BOND (PRE-REQUISITE: CERTIFICATE OF ACCEPTANCE) Preparation and processing of vouchers for restored excavation projects.

OFFICE OR DIVISION	City Engineering Office			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2G - Government to Government, G2C - C	Sovernment to Citizens,	, G2B – Government	to Business
WHO MAY AVAIL THE SERVICE	Maynilad Contractors			
CHECKLIST	ILIST OF REQUIREMENTS Where to secure			re
Certificate of completion		Client (Acquired from the		
Request letter for re-inspection of res		Maynilad main office/ of	ontractor company	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit complete requirements	Assess the request. Schedule the client for site inspection	None	5 minutes	Erson John Villamer, Ramir Posadas. Paul John Pallera, Rose Ann Legaspi, Glicerio Camama, Charlyn Lu Cuenca
2. Assist the assigned engineer during site inspection	2. Site inspection	None	1 day	Erson John Villamer, Ramir Posadas, Paul John Pallera, Glicerio Camama
3. Claim Certificate	3. Issue Certificate of Acceptance	None	5 minutes	Erson John Villamer, Ramir Posadas, Paul John Pallera, Rose Ann Legaspi, Glicerio Camama, Charlyn Lu Cuenca
4. Proceed to the Sangguniang Panglungsod Building for signature of City Councilor for Infrastructure/ Special Projects	4. Secure the signature of the City Councilor for Infra/ Special Projects	None	3 minutes	Sangguniang Panlungsod Office
5. Return a copy of the certificate	5. Receive the copy of the Certificate	None	3 minutes	City Engineering Office
	Fill-out Client Satisfact	tion Rating Form		
TOTAL None 1 day and 16 minutes				



ARCHITECTURAL PLANNING AND DESIGN OFFICE

INTERNAL SERVICES



1. PLANNING AND DESIGN OF PROPOSED GOVERNMENT PROJECTS

Making of plans and design space requirements for government offices and entities.

OFFICE OR DIVISION	City Architectural Planning and Design Office	City Architectural Planning and Design Office			
CLASSIFICATION	Highly Technical				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVI	CE City officials/ other government offices				
CHECK	ECKLIST OF REQUIREMENTS WHERE TO SECURE			URE	
Request letter (addressed to the	e mayor and endorsed to the City Architect	The requesting party r	needs to file the reques	t letter to the City Mayor	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit requirement	1.1 Assess request for proposed architectura project or plan.	l None	3 minutes	Daniel Seno Clerk IV; Christine Joy Casido Bookbinder III;	
	1.2 Inspect proposed project site.	None	1 day	Aris Amador Cuenca Draftsman I; Bon Edeeson Vidal Draftsman I	
	1.3 Plan and draw the proposed governmen project	t None	Depending on the technicality of the project	Aris Amador Cuenca Draftsman I; Bon Edeeson Vidal Draftsman I	
2. Acquire requested plan	2. Provide plan	None	3 minutes	Daniel Seno Clerk IV; Christine Joy Casido Bookbinder III;	
	TOTAI	_ None	Depending on the technicality of the project		



2. FIELD SURVEYS, INSPECTIONS, AND TECHNICAL INVESTIGATIONS

Field inspection/ technical investigation for the creation of plans for Government Buildings.

ried inspection/ technical investigation for the creation of plans for Government Buildings.				
OFFICE OR DIVISION	City Architectural Planning and Design Office	e		
CLASSIFICATION	Highly Technical	Highly Technical		
TYPE OF TRANSACTION	G2G – Government to Government	G2G – Government to Government		
WHO MAY AVAIL THE SERVICE	City officials/ other government offices	City officials/ other government offices		
CHECKL	IST OF REQUIREMENTS		WHERE TO SEC	URE
Request letter (addressed to the	mayor and endorsed to the City Architect	The requesting party n	eeds to file the reques	t letter to the City Mayor
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit requirement	1.1 Assess request for proposed architectural project or plan	None	3 minutes	Daniel Seno Clerk IV
	1.2 Conduct filed surveys, inspections, and/or investigations	None	1 day	CAPD Office Staff; Arch. Roel Saquilayan City Architect
	1.3 Plan and print out the approved/ revised plan of the project	None	5 days	Aris Amador Cuenca Draftsman I; Bon Edeeson Vidal Draftsman I
2. Acquire requested plan	2. Provide the approved plan and finding on the inspected plan	None	3 minutes	Daniel Seno Clerk IV; Christine Joy Casido Bookbinder III;
	TOTAL	None	6 davs. 6 minutes	



CITY INFORMATION TECHNOLOGY AND RECORDS MANAGEMENT UNIT

EXTERNAL SERVICES



1. CCTV FOOTAGE REVIEW

Viewing of CCTV Footage/s within City Government premises for security reasons and other legal purposes.

Viewing of COTV Totalgers within one Covernment premises for security reasons and other regar purposes.				
OFFICE OR DIVISION	City Information Technology and Records Ma	nagement Unit		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G - Government to Government, G2B -Government to Business, G2C - Government to Citizens			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus and General Public			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
Approved CCTV Request Form		Office of the City Admi	nistrator	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the approved CCTV	1.1 Receive the approved CCTV Request	None	2 minutes	Technical Staff
Request Form	Form			
	1.2 Assessment of Request	None		
2. Wait for the CCTV footage viewing schedule	2. Viewing of CCTV footage	None	2 hours	Technical Staff
Fill-out the Client Satisfaction Rating Form				
	TOTAL	None	2 hours and 2 minutes	

NOTE: Processing time varies depending on the scope of investigation.



CITY INFORMATION TECHNOLOGY AND RECORDS MANAGEMENT UNIT

INTERNAL SERVICES



1. IT EQUIPMENT REPAIR AND MAINTENANCE

Troubleshooting and repair or maintenance for all types of IT equipment (desktop, laptop, monitor, other peripherals, access points, switches, etc.)

OFFICE OR DIVISION	City Information Technology and Records Management Unit			
CLASSIFICATION	Highly Technical	anagement ont		
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus			
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Online IT Request Form or		CITRMU (via QR Code	e)	
Request Letter		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up and submit Online IT	1.1 Receive the Online IT Request Form	None	2 minutes	Ronabelle Silla
Request Form				Administrative Asst. IV
	1.2 Assessment of Request	None		
	1.3 Assign Technical Staff	None		
2. Wait for the release of IT	2.1 Repair or maintenance of IT equipment	None	3 hours	Technical Staff
Equipment	2.1 Nepail of maintenance of 11 equipment	INOTIE	3 110015	recinical Stall
Ечиртын	2.2 Release the repaired IT equipment	None		
Fill-out the Client Satisfaction Rating Form				
	TOTAL		3 hours and 2	
		None	minutes	

NOTE: Processing time varies depending on the technicality of IT procedures to be made and availability of Technical Staff.



2. INSTALLATION OF VARIOUS SOFTWARE

Provide necessary technical assistance and support: installation and updating of various software such as Operating System, MS Office, and all needed software/applications.

software/applications.					
OFFICE OR DIVISION	City Information Technology and Records Ma	City Information Technology and Records Management Unit			
CLASSIFICATION	Highly Technical				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus				
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
Online IT Request Form OR		CITRMU (via QR Code	e)		
Request Letter		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Fill up and submit Online IT	1.1 Receive the Online IT Request Form	None	2 minutes	Ronabelle Silla	
Request Form				Administrative Asst. IV	
	1.2 Assessment of Request	None			
	1.3 Assign Technical Staff	None			
2. Receive technical assistance and	2.1 Installation	None	1 hour	Technical Staff	
support					
	2.2 Endorse installed software	None			
Fill-out the Client Satisfaction Rating Form					
	TOTAL	None	1 hour and		
			2 minutes		

NOTE: Processing time varies depending on the type of software to be installed.



3. TECHNICAL SUPPORT FOR VIRTUAL PROJECTS AND PROGRAMS

Provide necessary technical assistance and support: setup for livestreams, online meetings and conferences.

Provide necessary technical assistance and support: setup for livestreams, or line meetings and conferences.				
OFFICE OR DIVISION	City Information Technology and Records Ma	nagement Unit		
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus			
CHECKLIST	ST OF REQUIREMENTS WHERE TO SECURE			
Request Letter (Approved by the De	Department Head) Client			
Online IT Request Form		CITRMU (via QR Code	2)	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up and submit Online IT	1.1 Receive the Request Letter and Online	None	2 minutes	Ronabelle Silla
Request Form and Request Letter	IT Request Form			Administrative Asst. IV
	1.2 Assessment of Request	None		
	1.3 Check schedule availability	None		
2. Receive technical assistance and support	2. Setup necessary IT equipment	None	1 hour	Karl Foz IT Officer I
	Fill-out the Client Satisfa	action Rating Form		
	TOTAL	None	1 hour and 2 minutes	

NOTE: Processing time varies depending on the technicality of IT procedures to be made.



4. COMMISSIONING OF INTERNET ACCESS

Provide internet access levels.

1 To vido intornot doccoo lo voio.					
OFFICE OR DIVISION	City Information Technology and Records Ma	City Information Technology and Records Management Unit			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Online Device Registration Form		CITRMU (via QR Code	e)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Fill up and submit Online Device	1.1 Receive the Online Device Registration	None	4 minutes	Krissell Andal	
Registration Form	Form			Info. Systems Analyst I	
	1.2 Assessment of Registered Device	None		Vanessa Mendoza Computer Operator I	
	1.3 Verification	None		Computer Operator 1	
2. Wait for Internet access	2. Provide internet access level	None	10 minutes	Karl Foz IT Officer I	
	TOTAL	None	14 minutes		

NOTE: Processing time varies depending on the volume of requests for Internet access.



5. OCULAR ASSESSMENT FOR NETWORK CABLING

Provide network access: installation of network cabling and necessary network equipment.

Provide network access: installation of network cabling and necessary network equipment.				
OFFICE OR DIVISION	City Information Technology and Records Ma	nagement Unit		
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
Request Letter (Approved by the De	partment Head)	Client		
Online IT Request Form		CITRMU (via QR Code	2)	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up and submit Online IT	1.1 Receive the Request Letter and Online	None	1 minute	Ronabelle Silla
Request Form and Request Letter	IT Request Form			Administrative Asst. IV
	1.2 Assessment of Request	None	2 minutes	Karl Foz
				IT Officer I
	1.3 Set schedule and assign Technical Staff	None	2 minutes	Ronabelle Silla
				Administrative Asst. IV
2. Settle schedule for Ocular	2.1 Ocular Assessment	None	3 hours	Karl Foz
Assessment and installation				IT Officer I
	2.2 Installation	None		and Technical Staff
Fill-out the Client Satisfaction Rating Form				
	TOTAL	None	3 hours and	
	IOIAL		5 minutes	

NOTE Processing time varies depending on the technicality of IT procedures to be made.



6. REQUEST FOR NEW CUSTOM-BUILT SYSTEM

Development or creation of custom-built system.

Development or creation or custom-built system.					
OFFICE OR DIVISION	City Information Technology and Records Ma	City Information Technology and Records Management Unit			
CLASSIFICATION	Highly Technical				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus				
CHECKLIST	ST OF REQUIREMENTS WHERE TO SECURE				
Request Letter (Approved by the De	partment Head)	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the Request Letter	1.1 Receive the Request Letter for a new system	None	2 minutes	Ronabelle Silla Administrative Asst. IV	
	1.2 Assessment of Request	None	5 minutes	Grace Catolico OIC-CITRMU	
	1.3 Approval of Request	None	25 minutes	Grace Catolico OIC-CITRMU	
2. Receive system	2.1 Development of a new system	None	6 months	Krissell Andal Info. Systems Analyst I	
	2.2 Endorse system	None	1 hour and 30 minutes	Vanessa Mendoza Computer Operator I	
TOTAL None 6 months and 2 hours					

NOTE: Processing time varies depending on the technicality of IT procedures to be made.



7. INSTALLATION OF IN-HOUSE AND OUTSOURCE SYSTEM

7. INCTALLATION OF IN TICOCL A	12 00:000:02 0:0:2:			
OFFICE OR DIVISION	City Information Technology and Records Management Unit			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus			
CHECKLIST	HECKLIST OF REQUIREMENTS WHERE TO SECURE			
Request Letter (Approved by the De	partment Head)	Client		
CLIENT STEPS				PERSON RESPONSIBLE
Submit the Request Letter	1.1 Receive the Request Letter for a new system	None	2 minutes	Ronabelle Silla Administrative Asst. IV
	1.2 Assessment of Request	None	2 minutes	Grace Catolico OIC-CITRMU
	1.3 Approval of Request	None	2 minutes	Grace Catolico OIC-CITRMU
2. Wait for system installation	2.1 Installation of System Applications	None	1 hour	Krissell Andal Info. Systems Analyst I
	2.2 Endorse System Applications	None	30 minutes	Vanessa Mendoza Computer Operator I
	TOTAL	None	1 hour and 30 minutes	

NOTE: Processing time varies depending on the type of System Application to be installed.



8. REVISION OF IN-HOUSE AND OUTSOURCE SYSTEM

Revision of system for new features based on end users' request.

Notician of Gotom for flow reaction based of one about				
OFFICE OR DIVISION	City Information Technology and Records Management Unit			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus			
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			URE
Request Letter (Approved by the Department Head) Cli		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Letter (Approved by the De	partment Head)	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the Request Letter	1.1 Receive the Request Letter for a new system	None	2 minutes	Ronabelle Silla Administrative Asst. IV
	1.2 Assessment and Approval of Request	None	13 minutes	Grace Catolico OIC-CITRMU
2. Receive revised system	2.1 Revision or updating of System Application	None	3 months	Krissell Andal Info. Systems Analyst I
	2.2 Endorse revised System Application	None	30 minutes	Vanessa Mendoza Computer Operator I
	TOTAL	None	3 months and 45 minutes	

NOTE: Processing time varies depending on the scope of System Application revision/s.



9. INSPECTION OF IT EQUIPMENT

Inspection and verification of delivered IT equipment based on Purchase Order (PO).

Inspection and vernication of delivered in equipment based on Furchase Order (FO).					
OFFICE OR DIVISION	City Information Technology and Records Ma	nagement Unit			
CLASSIFICATION	Highly Technical				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus	1			
CHECKLIST	(LIST OF REQUIREMENTS WHERE TO SECURE				
Online IT Request Form		CITRMU (via QR Code	(1)		
Purchase Order (PO)		GSO			
Photocopy of Sales Invoice		Supplier			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Fill up and submit Online IT Request Form	1.1 Receive the Online IT Request Form	None	2 minutes	Ronabelle Silla Administrative Asst. IV	
·	1.2 Assessment of Request	None			
	1.3 Assign Technical Staff	None			
2. Present Purchase Order and Photocopy of Sales Invoice	2.1 Inspect IT equipment	None	30 minutes	Technical Staff	
	2.2 Prepare IT Equipment Inspection Report Form	None			
	2.3 Release IT Equipment Inspection Report Form	None			
	TOTAL None 32 minutes				

NOTE: Processing time varies depending on the volume of requests and number of IT equipment.



10. IT EQUIPMENT AND SOFTWARE RECOMMENDATION

Recommend the necessary specifications of IT hardware and software based on the requesting Department's needs and nature of work.

Recommend the necessary specifications of 11 hardware and software based on the requesting Department's needs and nature of work.					
OFFICE OR DIVISION	City Information Technology and Records Ma	nagement Unit			
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus				
CHECKLIST	IST OF REQUIREMENTS WHERE TO SECURE				
Online IT Request Form		CITRMU (via QR Code)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE	
			TIME		
1. Fill up and submit Online IT Request Form	1.1 Receive the Online IT Request Form	None	2 minutes	Ronabelle Silla Administrative Asst. IV	
	1.2 Assessment of Request	None			
	1.3 Assign Technical Staff	None			
2. Receive IT Recommendation Report Form	2.1 Prepare IT Recommendation Form	None	15 minutes	Philip Paul Gamis Computer Operator II	
	2.2 Release the IT Recommendation Report Form	None		Computer Operator II	
Fill-out the Client Satisfaction Rating Form					

TOTAL

None

17 minutes

NOTE: Processing time varies depending on the volume of requests and number of IT equipment types.



11. REVIEW OF IT-RELATED PROPOSALS

Review, comment and recommend IT-related proposals submitted by suppliers/vendors to top management and respective offices. Evaluate proposed IT projects for its feasibility, functionality, usability, reliability and efficiency.

projects for its reasibility, furnitionality,	s for its reasibility, functionality, usability, reliability and efficiency.			
OFFICE OR DIVISION	City Information Technology and Records Ma	nagement Unit		
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
Proposal Letter		Client		
Presentation and Quotation		Client		
Proponent Profile		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit Proposal Letter, Presentation, Quotation and Proponent Profile	 1.1 Receive Proposal Letter, Presentation, Quotation and Proponent Profile 1.2 Initial review of IT Proposal 1.3 Complete evaluation and review of IT Proposal including consultation with 	None None None	2 minutes 2 months	Ronabelle Silla Administrative Asst. IV Mary Grace Catolico OIC-CITRMU
2. Receive IT Review and	concerned Departments. 1.4 Prepare IT Review and Evaluation Form 2. Release the IT Review and Evaluation	None None	3 minutes	Mary Grace Catolico
Evaluation Form	Form	none	3 minutes	OIC-CITRMU
	TOTAL	None	2 months and 5 minutes	



12. PROVISION OF IT PROJECT PROPOSAL

Provide necessary IT Project Proposals for City offices/departments.

Provide necessary if Project Proposals for City offices/departments.					
OFFICE OR DIVISION	City Information Technology and Records Management Unit				
CLASSIFICATION	Complex	Complex			
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus				
CHECKLIST	ST OF REQUIREMENTS WHERE TO SECURE				
Request Letter (Approved by the De	partment Head)	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit Request Letter for IT	1.1 Receive Request Letter	None	3 minutes	Ronabelle Silla	
Project Proposal	·			Administrative Asst. IV	
	1.2 Assessment of Request	None			
	1.3 Set scheduled meeting for discussion	None			
2. Attend to scheduled meeting and	2 IT Project discussion	None	1 hour	Mary Grace Catolico	
discuss Project's objectives				OIC-CITRMU	
Receive IT Project Proposal	3.1 Formulate IT Project Proposal based on	None	1 month	Mary Grace Catolico	
	gathered data and previous discussions			OIC-CITRMU	
	3.2 Release IT Project Proposal	None			
	TOTAL	None	1 month 1 hour and 3 minutes		

NOTE: City offices/departments might receive IT Project Proposal even without their request.



13. NETWORK SUPPORT

Evaluation and troubleshooting of computer network problems.

Evaluation and troubleshooting or computer network problems.				
OFFICE OR DIVISION	City Information Technology and Records Manage	ement Unit		
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECURE	
Online IT Request Form or		CITRMU (via QR Code)		
Request Letter	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Fill up and submit Online IT Request	1.1 Receive the Online IT Request Form or	None	2 minutes	Ronabelle Silla
Form	Request Letter			Administrative Asst. IV
	1.2 Assessment of Request	None		Katrina Garcia Bookbinder I
	1.3 Assign IT Staff	None		Ronabelle Silla
				Administrative Asst. IV
2. Wait for the release of IT Equipment	2. Evaluate and troubleshoot computer network	None	1 hours	IT Staff
	problem/s			
	Fill-out the Client Satisfa	ction Rating Form		
	TOTAL	None	1 hour and 2 minutes	

NOTE: Processing time varies depending on the technicality of IT procedures to be made and availability of IT Staff.



14. APPLICATION SUPPORT AND MAINTENANCE

Provision of technical assistance/support on application, software and other technological systems.

	coroapport on application, contward and other t	our more great of otomics		
OFFICE OR DIVISION	City Information Technology and Records Management Unit			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus			
CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
Online IT Request Form or		CITRMU (via QR Code)		
Request Letter		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up and submit Online IT Request	1.1 Receive the Online IT Request Form or	None	2 minutes	Ronabelle Silla
Form	Request Letter			Administrative Asst. IV
				Katrina Garcia Bookbinder I
	1.2 Assessment of Request	None		Ronabelle Silla Administrative Asst. IV
	1.3 Assign IT Staff	None		Administrative Asst. IV
2. Wait for the release of IT Equipment	2. Provide technical assistance/support on application, software and other technological systems	None	1 hours	IT Staff
	Fill-out the Client Satisfa	ction Rating Form		
TOTAL None 1 hour and 2 minutes				

NOTE: Processing time varies depending on the technicality of IT procedures to be made and availability of IT Staff.



CIVIL SOCIETY ORGANIZATION AND HOA LINGKOD DESK OFFICE

EXTERNAL SERVICES



1. ACCREDITATION OF CIVIL SOCIETY ORGANIZATION

Processed to all civil society organizations who wants to be accredited by City Government of Imus.

OFFICE OR DIVISION	Civil Society Organization Desk Office			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All registered civil society organizations			
	OF REQUIREMENTS		WHERE TO SECUR	RE
Application Form (Annex C)		Civil Society Organization Desk Office		
Letter of Application (Annex D)		Civil Society Organization Desk Office		
Board Resolution (Annex E)		Civil Society Organization Desk Office		
List of Current Officers (Annex F)		Civil Society Organization Desk Office		
Minutes of Annual Meetings (Annex		Civil Society Organizat	ion Desk Office	
Annual Accomplishment Report (Annual		Civil Society Organizat		
Annual Financial Statement (Annex		Civil Society Organizat		
Certificate of Registration			overnment Agencies or E	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the requirements in		None	15 minutes	Ms. Leng S. Timtiman
duplicate copies.	requirements.			CSO Desk Officer
	1.2 Issue evaluation/assessment form 1.3 Transmit the evaluated requirements to	None None	5 minutes	CSO Personnel
	Committee on People's Organization and Non-Government Organization for accreditation	None	o minutes	OGO I CISOINICI
	1.4 Accreditation Process	None	(stop time)	Office of City Councilor Hon. Jogie Lyn Maliksi
	1.5 Notify the Client of the approval of accreditation	None	1 minute	CSO Personnel
2. Claim/pick up the certificate of accreditation	Accreditation	None	2 minutes	CSO Desk Office/Office of City Councilor Jogie Lyn Maliksi
	Fill-out Client Satisfac	tion Rating Form		
	TOTAL	None	23 minutes	

NOTE: Accreditation process depends on the Office of the City Councilor - Hon. Jogie Lyn Maliksi



2. RECEIVING OF REQUEST AND SOLICITATION LETTERS

All request and solicitation letters are required to be evaluated by CSO Office prior to transmittal to the respective offices/departments.

OFFICE OR DIVISION	Civil Society Organization Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C- Government to Citizen				
WHO MAY AVAIL THE SERVICE	All Residents of the City of Imus				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Request letter/solicitation with noted	of respective barangay captains or Barangay	Respective barangays			
Certificate	tificate				
Photocopy of signatory's ID with thre	e specimen signature	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit the letter in duplicate		None	2 minutes	CSO Personnel	
copies attached with photocopy of					
	1.2 Transmit the letters to the respective	None	2 minutes	CSO Personnel	
signature	departments/ offices				
	1.3 Processing of request	None	(stop time)	Respective Departments	
				and Offices	
	4.4 Notify the cliente of the conveyed of the	Nama	O minutes	Despessive Despertments	
	1.4 Notify the clients of the approval of the	None	2 minutes	Respective Departments	
request and Offices					
Fill-out Client Satisfaction Rating Form					
	TOTAL None 6 minutes				

NOTE: Request processing depends on respective departments and offices.



3. REQUEST FOR MAYOR'S OATHTAKING SERVICES

OFFICE OR DIVISION	Civil Society Organization Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C- Government to Citizen				
WHO MAY AVAIL THE SERVICE	All accredited and registered organizations ar	nd associations in the Ci	ity of Imus		
CHECKLIST	T OF REQUIREMENTS WHERE TO SECURE				
Request letter with noted of respective	respective barangay captain Client				
CLIENT STEPS				PERSON RESPONSIBLE	
Submit letter of request with list of current officers, updated GIS received by DHSUD for HOA in	1.1 Receive and assess the request letter	None	2 minutes	Ms. Leng S. Timtiman CSO Desk Officer	
duplicate copies	1.2 For HOA, Indorse to AIMHAI-F for verification	None	2 minutes	CSO Personnel	
	1.3 Transmit to Office of the City Mayor	None	2 minutes (stop time)	CSO Personnel	
	1.4 Notify the clients of the approval and schedule of oathtaking	None	2 minutes	CSO Personnel	
2. Attend scheduled oathtaking ceremony	2.1 Conduct Oath Taking Ceremony	None	30 minutes	Hon. Alex L. Advincula City Mayor	
	2.2 Issue/release certificate of oath	None			
				Nikko De Quiroz Ms. Leng S. Timtiman	
Fill-out Client Satisfaction Rating Form					
	TOTAL None 38 minutes				

NOTE: Schedule/time varies depending on the availability of the City Mayor.



4. REGISTRATION OF HOMEOWNERS' ASSOCIATION INC. TO DHSUD

OFFICE OR DIVISION	HOA Lingkod Desk Office			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All HOA in the City of Imus			
	OF REQUIREMENTS		WHERE TO SECUR	E
General Information Sheet (1 origina	l copy, 2 photocopies)	HOA LINGKOD Desk Office / Downloadable at Google		
Bylaws (1 original copy, 2 photocopie	es)	HOA LINGKOD Desk Office / Downloadable at Google		
Articles of Incorporation (1 original co		HOA LINGKOD Desk Office / Downloadable at Google		
Authorization (1 original copy, 2 phot	cocopies)	HOA LINGKOD Desk (Office / Downloadable at	Google
Certification (1 original copy, 2 photo			Office / Downloadable at	3 -
Code of Ethics (1 original copy, 2 ph		HOA LINGKOD Desk (Office / Downloadable at	Google
Undertaking (1 original copy, 2 photo			Office / Downloadable at	3 -
Cover Letter (1 original copy, 2 photo		HOA LINGKOD Desk Office / Downloadable at Google		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the requirements in triplicate copies.	1.1 Access and evaluate all submitted requirements.	None	15 minutes	Ms. Leng S. Timtiman CSO Desk Officer
	1.2 Issue evaluation/assessment form 1.3 Transmit the complete evaluated requirements to AIMHAI- Federation	None None	5 minutes	CSO Personnel
	1.4 Registration process 1.5 Notify the client of the status of registration	1,880.00 None	(stop time) 2 minutes	DHSUD Personnel CSO Personnel
2. Claim/pick up the certificate of registration/affiliation	2.1 Release/ issue the certificate of affiliation/registration	None	5 minutes	DHSUD Personnel
Fill-out Client Satisfaction Rating Form				
	TOTAL	1, 880.00	27 minutes	

NOTE: Registration process depends on DHSUD.



5. AMENDMENTS

OFFICE OR DIVISION	HOA Lingkod Desk Office			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All HOA in the City of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
Written Petition (1 original copy, 2 ph		Respective HOA, duly signed by 30% of the members in good standing		
	poration (1 original copy, 2 photocopies)	HOA LINGKOD Desk Office / Downloadable at Google		
	Committee (1 original copy, 2 photocopies)	Respective HOA		
	mbly Meeting (1 original copy, 2 photocopies)	Respective HOA		
Attendance Sheet (1 original copy, 2		Respective HOA		
Undertaking (1 original copy, 2 photo	ocopies)		Office / Downloadable at	
Cover Letter (1 original copy, 2 photo			Office / Downloadable at	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1.1 Access and evaluate all submitted	None	15 minutes	Ms. Leng S. Timtiman
triplicate copies.	requirements.			CSO Desk Officer
	1.2 Issue evaluation/assessment form	None		
	4.2 Transmit the complete evaluated	Nama	F mains stand	CCO Personnal
	1.3 Transmit the complete evaluated	None	5 minutes	CSO Personnel
	requirements to AIMHAI- Federation			
	1.4 Amendment process		(stop time)	DHSUD personnel
	Bylaws	720.00	(Stop time)	Drioob personner
	Articles of Incorporation	720.00		
	Stamping of Books	50.00		
	Clamping of Books	00.00		
	1.5 Notify the client of the status of	None	2 minutes	CSO Personnel
	registration			
2. Claim/pick up the certificate of	2.1 Release/ issue the certificate of	None	5 minutes	DHSUD Personnel
registration/affiliation	Amendment and copy of Amended Bylaws/			
	Articles of Incorporation			
	Fill-out Client Satisfac	tion Rating Form		
	TOTAL	1,490.00	27 minutes	

NOTE: Amendment process depends on DHSUD.



6. HOA CONCILIATION AND MEDIATION CONFERENCE

OFFICE OR DIVISION	HOA Lingkod Desk Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizens	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	All HOMEOWNERS' ASSOCIATION in the C	ity of Imus			
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			RE	
Request letter with agenda	tter with agenda Requestor				
CLIENT STEPS	AGENCY ACTION FEES TO BE PAID PROCESSING TIME PERSO			PERSON RESPONSIBLE	
Submit letter in duplicate copies	1.1 Received and assess the request letter	None	10 minutes	Ms. Leng S. Timtiman CSO Desk Officer	
	Notify the requestor of the confirmed Schedule	None	5 minutes	CSO Personnel	
2. Conduct of mediation/conciliation conference	2.1. Mediation/ conciliation process	None	(stop time)	Respective Departments and Offices	
Fill-out Client Satisfaction Rating Form					
	TOTAL None 15 minutes				

NOTE: Mediation turnaround time depends on the severity of cases.



CITY OF IMUS TASK FORCE FOR ROAD CLEARING EXTERNAL SERVICES



1. RELEASING OF CLAMPED VEHICLES AND ROAD OBSTRUCTIONS

Issuance of road obstruction citation ticket and releasing of clamped vehicle and road obstructions

OFFICE OR DIVISION	City of Imus Task Force for Road Clearing			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens, G2B – Government to Business, G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST OF R	EQUIREMENTS		WHERE TO SECURE	
Violation Form		Received by Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Surrender the violation form to the secretariat on duty.	1.1 Check and validate the violation form.1.2 Release Order of Payment.	None	(insert time)	Releasing Team
2. Pay the necessary charges.	2. Receive payment and release Official Receipt	Motor Cycles, E-Bicycles, Tricycles & E – tricycles (2-3 Wheels) PhP 500.00 fine. Light Motor Vehicles (4 wheels) – PhP 2,000.00 fine. Medium Motor Vehicles (6 wheels) – PhP 3,000.00 fine. Heavy Motor Vehicles (8- 10 wheels) – PhP 4,000.00 fine. Super Heavy Motor Vehicles (12- 20 wheels) – PhP 5,000.00 fine	10 minutes	City Treasurer's Office
3. Present the Official Reciept of Payment to the CITF secretariat on duty for release the clamp on vehicle.	3. Release vehicle.	None	(insert time)	Releasing Team
Fill-out Client Satisfaction Rating Form				
	TOTAL	Based on assessment	(insert total time)	

NOTE: Releasing of clamped vehicle is until 5:00 PM only at (insert location)



OFFICE OF THE CITY VICE MAYOR

EXTERNAL SERVICES



1. ISSUANCE OF CERTIFIED TRUE COPY OF ORDINANCE, RESOLUTION & MINUTES OF THE SP SESSION

The following is issued to constituents, other businesses and other government entities who may request for certified true copy of ordinance, resolution, and minutes of the SP Session passed by the SP. Provided are the list of requirements and the course of action needed.

minutes of the of Dession passed	by the of . I lovided are the list of requirement	nto and the course of action i	iccucu.	
OFFICE OR DIVISION	Office of the City Vice Mayor	·	·	
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen; G2B – Government to Business; G2G – Government to Government			
WHO MAY AVAIL THE	All residents and non-residents of City of Im-	us		
CHECKLIST	OF REQUIREMENTS		WHERE TO SECU	RE
Accomplished Request Form		Information Desk of the SPO	O/CVMO Lobby	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the accomplished request form.	1.1 Receive and forward the Request Form to the Vice Mayor	None	2 minutes	Alan Dexter C. Jamir
	1.2 Approve and sign the Request Form	None	3 minutes	SP Secretary Mary Jemeny V. Yulo Vice Mayor Homer T. Saquilayan
	1.3 Issue the Order of Payment	None	3 minutes	Alayne Dominic R. Papa; Shirley R. Velasco
2. Pay the required fee.	2. Receive the payment and release Official Receipt (OR).	P50.00 per document plus P5.00 per photocopy of page	5 minutes	City Treasurer's Office Windows 11, 12 and 13
3. Present the O.R. and claim the requested documents.	3. Release the documents	None	2 minutes	Alayne Dominic R. Papa; Shirley R. Velasco
	Fill-out the Client Sa	atisfaction Rating Form		_
	TOTAL	Based on assessment	15 minutes	



2. ISSUANCE OF CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE

On the instances that the citizens may require copies for legal purposes, the Vice Mayor, being the Chairman of the Ad-hoc Committee on Personal Affairs and Appointments, issues the certification of no pending administrative case.

and Appointments, issues the certification of no pending administrative case.				
OFFICE OR DIVISION	Office of the City Vice Mayor	·	·	
CLASSIFICATION	Simple	·	·	
TYPE OF TRANSACTION	G2C – Government to Citizen; G2G – Go	overnment to Government		
WHO MAY AVAIL THE SERVICE	All residents and non-residents of City of	Imus		
CHECKLIST O	OF REQUIREMENTS WHERE TO SECURE			
Accomplished Request Form		Information Desk of the SPO	O/CVMO Lobby	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the accomplished request form	1.1 Process the request	None	2 minutes	Alayne Dominic R. Papa; Shirley R. Velasco
	1.2 Approve the request	None	3 minutes	Vice Mayor Homer T. Saquilayan
	1.3 Issue the Order of Payment	None	3 minutes	Alayne Dominic R. Papa; Shirley R. Velasco
2. Pay the required fee	2. Receive the payment and release Official Receipt (OR)	P50.00 per document plus P5.00 per photocopy of page	2 minutes	City Treasurer's Office Staff (Windows 11, 12 and 13)
3. Present the O.R. and claim the requested document(s)	Release the document(s)	None	5 minutes	Alayne Dominic R. Papa; Shirley R. Velasco
	Fill-out the Client Sa	atisfaction Rating Form		

Based on assessment

15 minutes



TOTAL

3. ISSUANCE OF CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE VIA EMAIL

On the instances that the citizens may require copies for legal purposes, the Vice Mayor, being the Chairman of the Ad-hoc Committee on Personal Affairs and Appointments, issues the certification of no pending administrative case via email.

and Appointments, issues the certification of no pending administrative case via email.					
OFFICE OR DIVISION	Office of the City Vice Mayor				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen; G2G – Gov	G2C – Government to Citizen; G2G – Government to Government			
WHO MAY AVAIL THE	All residents and non-residents of City of Imus				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Accomplished Request Form		Information Desk of the SPO	O/CVMO Lobby		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit the accomplished request form	1.1 Process the request	None	5 minutes	Shirley R. Velasco	
	1.2 Approve the request	None	3 minutes	Vice Mayor Homer T. Saquilayan	
	1.3 Issue the Order of Payment	None	3 minutes	Shirley R. Velasco	
2. Pay the required fee	2. Receive the payment and release	P50.00 per document	2 minutes	City Treasurer's Office Staff	
	Official Receipt (OR)	plus P5.00 per photocopy		(Windows 11, 12 and 13)	
		of page		,	
3. Present the O.R. and claim the	3. Release the document(s)	None	2 minutes	Shirley R. Velasco	
requested document(s)				-	
	Fill-out the Client Sa	atisfaction Rating Form			
	TOTAL	Based on assessment	15 minutes		



4. PEOPLE'S DAY CONSULTATION

Provides services to the visitors/constituents who wish to see the Vice Mayor to present their requests and/or grievances.

OFFICE OR DIVISION	Office of the City Vice Mayor		<u> </u>	
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen; G2B – Government to Business; G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All residents and non-residents of City of Im	us		
CHECKLIST C	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Letter of Request/Concern		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE
			TIME	
Fill-out the Visitor's Logbook	Issue the Visitor's Slip	None	3 minutes	Mirasol L. Capule;
				Roselle S. Ramos;
				Kimberly A. Topacio
2. Submit the Letter of Request/	2. Receive and forward the Letter of	None	10 minutes	Elizabeth E. Paredes;
Concern	Request/ Concern to the concerned Official Josephine S. Ariola			
Fill-out the Client Satisfaction Rating Form				
TOTAL None 13 minutes				



OFFICE OF THE CITY VICE MAYOR

INTERNAL SERVICES



1. ACCEPTANCE OF DOCUMENTS FOR INCLUSION IN THE SP SESSION

Accepts and reviews documents from different committees/ offices/ departments for the inclusion in the SP agenda.

OFFICE OR DIVISION	Office of the City Vice Mayor				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G - Government to Government; G2C - Gove	ernment to Citizen; G2B	B – Government to Bu	siness	
WHO MAY AVAIL THE	City Government Officials; All departments and o	ffices in the City Gover	nment of Imus; Non-C	Sovernment Organization; All	
SERVICE	residents and non-residents of Imus				
CHECKLI	ST OF REQUIREMENTS		WHERE TO SE	CURE	
Transmittal letter from the Office		Office of the City May	or		
One (1) Original copy and twenty	-one (21) photocopies of documents	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the transmittal letter	1.1 Accept and verify the document	None	5 minutes	Alan Dexter C. Jamir	
	1.2 Forward the request to the Vice Mayor	None	2 minutes	Alan Dexter C. Jamir	
	1.3 Review the document	None	10 minutes	Alan Dexter C. Jamir Vice Mayor Homer T. Saquilayan	
	1.4 Forward the documents to the SP Secretary	None	2 minutes	Alan Dexter C. Jamir	
	1.5 Prepare the Agenda for the SP Session	None	5 minutes	SP Secretary Mary Jemeny V. Yulo Alan Dexter C. Jamir Raquel Dimdam; Shirley R. Velasco	
	Fill-out the Client Satisfa	action Rating Form	1	Thirty IV. Voidoo	
	TOTAL	None	24 minutes		

NOTE: The cut off time for the receiving of documents is every Thursday, 2:00 P.M.



SANGGUNIANG PANLUNGSOD OFFICE EXTERNAL SERVICES



1. ISSUANCE OF CERTIFIED TRUE COPY OF ORDINANCE, RESOLUTION & MINUTES OF THE MEETING

A certified true copy is a duplicate of an original document that is certified as a true copy by the Sangguniang Panlungsod having custody of the original documents (ordinances, resolutions, minutes of the session and/or meeting)

OFFICE OR DIVISION	Sangguniang Panlungsod					
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2C - Government to Citizen; G2B - Go	vernment to Business; G2G	- Government to Govern	nment		
WHO MAY AVAIL THE SERVICE	All residents and non-residents of City of	Imus				
CHECKLIST O	F REQUIREMENTS		WHERE TO SECU	IRE		
Accomplished Request Form		Information Desk of the Sar Records Management Unit		Office-		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit the accomplished request form.	1.1 Receive and forward the Request Form to the SP Secretary	None	2 minutes	Soledad A. Dela Cruz; Ealaiza Florence P. Ilano; Melvin R. Tabuyan		
	1.2 Sign the Request Form	None	3 minutes	Mary Jemeny V. Yulo SP Secretary		
	1.3 Approve the signed Request Form	None	5 minutes	Vice Mayor Homer T. Saquilayan		
	1.4 Issue the Order of Payment	None	3 minutes	Soledad A. Dela Cruz; Ealaiza Florence P. Ilano; Melvin R. Tabuyan		
2. Pay the required fee.	2. Receive the payment and release Official Receipt (OR).	P50.00 per document plus P5.00 per photocopy of page		City Treasurer's Office Windows 8 and 9		
3. Present the O.R. and claim the requested documents.	3. Release the documents	None	2 minutes	Soledad A. Dela Cruz; Ealaiza Florence P. Ilano; Melvin R. Tabuyan		
		nt Satisfaction Rating Form				
	TOTAL Based on assessment 15 minutes					



2. ISSUANCE OF CERTIFIED TRUE COPY OF ORDINANCE, RESOLUTION & MINUTES OF THE MEETING VIA EMAIL

A certified true copy is a duplicate of an original document that is certified as a true copy via email by the Sangguniang Panlungsod having custody of the original documents (ordinances, resolutions, minutes of the session and/or meeting).

OFFICE OR DIVISION	Sangguniang Panlungsod and Office of the City Vice Mayor			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen; G2B – Go		 Government to Governr 	ment
WHO MAY AVAIL THE SERVICE	All residents and non-residents of City of	Imus		
	F REQUIREMENTS		WHERE TO SECUR	
Accomplished Request Form		Information Desk of the Sar Records Management Unit		fice-
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the accomplished request form.	1.1 Receive and forward the Request Form to the SP Secretary	None	2 minutes	Soledad A. Dela Cruz; Ealaiza Florence P. Ilano; Melvin R. Tabuyan
	1.2 Sign the Request Form	None	3 minutes	Mary Jemeny V. Yulo SP Secretary
	1.3 Approve the signed Request Form	None	5 minutes	Vice Mayor Homer Saquilayan
	1.4 Issue the Order of Payment	None	3 minutes	Soledad A. Dela Cruz; Ealaiza Florence P. Ilano; Melvin R. Tabuyan
2. Pay the required fee.	2. Receive the payment and release Official Receipt (OR).	P50.00 per document plus P5.00 per photocopy of page		City Treasurer's Office Windows 8 and 9
3. Present the O.R. and claim the requested documents.		None	2 minutes	Glenn Patrick D. Urgino; Christian R. Sapida
		t Satisfaction Rating Form		
	TOTAL	Based on assessment	15 minutes	



3. ISSUANCE OF CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE

The Certificate of No Pending Administrative Case is issued to requestors (barangay officials) to certify that they have pending/ no pending administrative case based on the record of the Sangguniang Panlungsod.

OFFICE OR DIVISION	Sangguniang Panlungsod			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen; G2G - Go	overnment to Government		
WHO MAY AVAIL THE SERVICE	All residents and non-residents of City of	Imus		
CHECKLIST O	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Accomplished Request Form		Information Desk of the Sar		fice-
		Records Management Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the accomplished request form	1.1 Process the request	None	3 minutes	Soledad A. Dela Cruz; Ealaiza Florence P. Ilano; Melvin R. Tabuyan
	1.2 Sign the Request Form	None	2 minutes	Mary Jemeny V. Yulo SP Secretary
	1.3 Approve the signed Request Form	None	3 minutes	Vice Mayor Homer Saquilayan
	1.4 Issue the Order of Payment	None	2 minutes	Soledad A. Dela Cruz; Ealaiza Florence P. Ilano; Melvin R. Tabuyan
2. Pay the required fee	2. Receive the payment and release Official Receipt (OR)	P50.00 per document plus P5.00 per photocopy of page		City Treasurer's Office Windows 8 and 9
3. Present the O.R. and claim the requested document(s)	Release the document(s)	None	2 minutes	Soledad A. Dela Cruz; Ealaiza Florence P. Ilano; Melvin R. Tabuyan
		t Satisfaction Rating Form		
	TOTAL	Based on assessment	12 minutes	



4. ISSUANCE OF CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE VIA EMAIL

The Certificate of No Pending Administrative Case is issued to requestors via email (barangay officials) to certify that they have pending/ no pending

administrative case based on the record of the Sangguniang Panlungsod.

OFFICE OR DIVISION	Sangguniang Panlungsod				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen; G2G - Go	overnment to Government			
WHO MAY AVAIL THE SERVICE	All residents and non-residents of City of	Imus			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECUR	E	
Accomplished Request Form		Information Desk of the Sar Records Management Unit	ngguniang Panlungsod Of	fice-	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the accomplished request form	1.1 Process the request	None	3 minutes	Soledad A. Dela Cruz; Ealaiza Florence P. Ilano; Melvin R. Tabuyan	
	1.2 Sign the Request Form	None	2 minutes	Mary Jemeny V. Yulo SP Secretary	
	1.3 Approve the signed Request Form	None	3 minutes	Vice Mayor Homer Saquilayan	
	1.4 Issue the Order of Payment	None	2 minutes	Soledad A. Dela Cruz; Ealaiza Florence P. Ilano; Melvin R. Tabuyan	
2. Pay the required fee	2. Receive the payment and release Official Receipt (OR)	P50.00 per document plus P5.00 per photocopy of page		City Treasurer's Office Windows 8 and 9	
3. Present the O.R. and claim the requested document(s)	()	None	2 minutes	Glenn Patrick D. Urgino; Christian R. Sapida	
		t Satisfaction Rating Form			
TOTAL Based on assessment 12 minutes					



5. ACCOMODATING INVITEES TO SCHEDULED COMMITTEE MEETINGS/HEARING/PUBLIC HEARING

Committee Meeting/Hearing/Public Hearings are being conducted by Sangguniang Panlungsod Members wherein these particular individuals namely Barangay Officials/Workers, representatives from different Government agencies, representatives from different concerned offices in the City Government of Imus and private sectors are invited.

OFFICE OR DIVISION	Sangguniang Panlungsod				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2G – Government to Government; G2C	C – Government to Citizen; G	2B - Government to Busir	ness	
WHO MAY AVAIL THE SERVICE	All residents and non-residents of City of	Imus			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECUR	E	
Invitation Letter/Notice of Meeting		Information Desk of the Sar	ngguniang Panlungsod Off	ice-	
		Sangguniang Panlungsod S	Session Hall area		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Approach the Information Desk of	Welcome and receive the client	None	1 minute	Elena A. Matro;	
Sangguniang Panlungsod Office				Cathalina A. Olaes;	
				Aldrin A. Tapawan;	
				Eduard B. Castro;	
				Agapito S. Dasalla Jr.	
2.Present the Invitation	2. Received the required	None	1 minute	Aldrin A. Tapawan;	
Letter/Notice of Meeting	documents/invitation letter			Elena A. Matro;	
				Cathalina A. Olaes	
Temperature Screening	3. Provide the temperature scanner	None	1 minute	Elena A. Matro;	
	upon entering			Cathalina A. Olaes	
4. Must fill-out the Visitors Log Book	4. Provide the Health Declaration Form	None	3 minutes	Aldrin A. Tapawan;	
and Health Declaration Form				Elena A. Matro;	
				Cathalina A. Olaes	
5. Must fill-out the Customer		None	2 minutes	Elena A. Matro;	
Satisfaction Rating Form	Rating Form			Cathalina A. Olaes	
6. Proceed to the Committee		None	1 minute	Elena A. Matro;	
Meeting/Hearing/Public Hearing is the meeting area Cathalina A. Olaes					
	Fill-out the Clien	t Satisfaction Rating Form			
	TOTAL Based on assessment 9 minutes				



SANGGUNIANG PANLUNGSOD OFFICE

INTERNAL SERVICES



1. ACCEPTANCE OF DOCUMENTS FOR INCLUSION IN THE SESSION

Communication letters from or forwarded by the Office of the Mayor that needs legislative action, are approved by the City Vice Mayor for inclusion in the Calendar of Business of the Regular or Special Session to support policies and programs of the City Government.

	Calendar of Business of the Regular of Special Session to support policies and programs of the City Government.			
OFFICE OR DIVISION	Sangguniang Panlungsod			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government; G2C – G			
WHO MAY AVAIL THE SERVICE	City Government Officials; All departments and offices in the City Government of Imus; Non-Government Organization; All			
	residents and non-residents of Imus			
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Transmittal letter from the Office of the	he City Mayor	Office of the City Mayo	or	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the transmittal letter	1.1 Receive, review and evaluate the document	None	5 minutes	Vice Mayor Homer T. Saquilayan; Alan Dexter C. Jamir
	1.2 Receive the reviewed document from the City Vice Mayor	None	2 minutes	Raquel F. Dimdam; Marilou E. Brin
	1.3 Prepare the Agenda, Proceedings, Committee Reports, and Draft Ordinances/Resolutions for the SP Session	None	30 minutes	Raquel Dimdam; Marilou E. Brin; Shirley R. Velasco; Bianca Marielle E. Sarno
	1.4. Printing the Final Agenda, Proceedings, Committee Reports, and Ordinances/Resolutions for the SP Session	None	30 minutes	Shirley R. Velasco; Bianca Marielle E. Sarno; Abigail Cecilia C. Alberto
	Fill-out Client Satisf	-		
	TOTAL	None	67 minutes	



SANGGUNIANG KABATAAN FEDERATION OFFICE

EXTERNAL SERVICES



1. ISSUANCE OF CERTIFIED TRUE COPY OF BARANGAY OFFICIAL INFORMATION SHEET (BOIS), COMPREHENSIVE BARANGAY YOUTH DEVELOPMENT FUND (CBYDP), ANNUAL BARANGAY YOUTH INVESTMENT PROGRAM (ABYIP), MINUTES OF THE MEETING, SK ANNUAL BUDGET, AND OATH OF OFFICE OF ELECTED SK OFFICIALS

All documents needed or relevant to SK officials can be provided by the Sangguniang Kabataan Office by issuing them certified true copy with the approval of the Sangguniang Kabataan Federation President.

approval of the Sangguniang Kabataan Federation President.				
OFFICE OR DIVISION	Sangguniang Kabataan Federation office	•		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	All SK chairman and SK officials			
CHECKLIST O	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			
Accomplished Request Form		Information Desk of the SK	Federation Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE
			TIME	
Submit the accomplished request form.	1.1 Receive and forward the Request Form and attached checklist of SK chairpersons w/ submitted report of BOIS, ABYIP & SK Annual Budget to DILG, Budget Office, Youth Affairs Office, and SK Federation President	None	7 minutes	SK Federation Staff
	1.2 Approve and sign the Request Form	None	3 minutes	HON. Joshua Sherlhanbert Y. Guinto SK Federation President
	Fill-out the Client Sa	atisfaction Rating Form		
TOTAL None 10 minutes				



SANGGUNIANG KABATAAN FEDERATION OFFICE

INTERNAL SERVICES



1. ACCEPTANCE OF DOCUMENTS AND MEMORANDA

All incoming memorandums and documents is properly received, reviewed, and documented by the Sangguniang Kabataan staff. Applying corresponding action for the received documents and memorandums.

OFFICE OR DIVISION	Sangguniang Kabataan Federation Office					
CLASSIFICATION	Simple	00 0				
TYPE OF TRANSACTION	G2G – Government to Government; G2C – G	overnment to Citizen				
WHO MAY AVAIL THE SERVICE	City Government Officials; All departments ar		ernment of Imus: No	n-Government Organization: all		
WHO MIXE AVAILE THE GERVIOL	SK chairman and SK officials	ia omoco in the only cov	orninoni or imao, rio	ir Covorninoni Organization, an		
CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	URE		
Documents		Client				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Log in to visitor logbook and wait for the document or memorandum	1.1 Accept and verify the document	None	5 minutes	SK Federation Staff		
to be received by SK Federation Staff.	1.2 Forward the Received document to the Sangguniang Kabataan President	None	2 minutes	SK Federation Staff		
	1.3 Review the document None 10 minutes Hon. Joshua She Guint					
	1.4 Prepare appropriate action for the document/ memorandum received	None	5 minutes	Hon. Joshua Sherlhanbert Y. Guinto		
	Fill-out the Client Satisfa					
TOTAL None 19 minutes						



CITY OF IMUS POLYTECHNIC INSTITUTE

EXTERNAL SERVICES



1. ONLINE REGISTRATION

Direct online application through Google form or edukasyon.ph

Birect chime application through Geogle to	ini oi oddiady ompii					
OFFICE OR DIVISION	City of Imus Polytechnic Institu	City of Imus Polytechnic Institute				
CLASSIFICATION	Simple	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizens					
WHO MAY AVAIL THE SERVICE	Any interested enrollee					
CHECKLIST OF REQUIRI	EMENTS		WHERE TO SEC	URE		
Accomplished Electronic Registration Form		Google Form via Officia	•			
	https://forms.gle/hxCprVadHb22mgdD7					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Accomplish online Registration Form	1.1 Verify completeness of form	None	1 day	Angel Gabrielle Pallera Administrative Assistant I		
	1.2 Forward consolidated detailed report to Office of Registrar	None		Angel Gabrielle Pallera Administrative Assistant I		
	1.3 Contact the enrollee for the submission of admission requirements and schedule.	None	1 day	Maria Shirley Danao Registrar III		
	Fill out Client Satisfaction Feedback Form					
TOTAL None 2 days						



2. REGULAR ENROLLMENT

The enrollment of qualified to regular or short course programs for the following qualifications:

Electrical Installation and Maintenance NC II (EIM)

Technical Drafting NC II

Mechatronics Servicing NC II

City of Imus Polytechnic Institute – Registrar's Office and Cashier's Office				
Simple				
G2C – Government to Citizens				
Any interested enrollee				
OF REQUIREMENTS		WHERE TO SEC	URE	
overnment/company/school-issued)			mpany/school of client	
	Any photo studio offerir	ng chemical printing		
chemical print				
AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Check, verify, and evaluate	None	15 minutes	Maria Shirley Danao	
	IZ:III	40	Registrar III	
2.1 Receive payment.		10 minutes	Dianne P. Garcia	
2.2 Inque Official Propriet (O.B.)	assessed fee/s Administrative Officer			
	None	10 minutes	Maria Shirley Danao	
	INOTIC	10 minutes	Registrar III	
	n Feedback Form		rtegistiai iii	
		35 minutes		
IVIAL	assessment	30 1111114133		
	Simple G2C – Government to Citizens Any interested enrollee OF REQUIREMENTS government/company/school-issued) round with name tag ackground with name tag ackground print AGENCY ACTION 1. Check, verify, and evaluate completeness of Form and requirements 2.1 Receive payment. 2.2 Issue Official Receipt (O.R.) 3.1 Enlist enrollee's name in the Enrollment Roster	Simple G2C – Government to Citizens Any interested enrollee OF REQUIREMENTS Original copy: Philippin government/company/school-issued) Any government institut Previous JHS or SHS or Previous Tertiary Scho Local Government Unit Any photo studio offerin round with name tag ackground with n	Any interested enrollee OF REQUIREMENTS Original copy: Philippine Statistics Authority Any government/company/school-issued) Any government institution and/or current co Previous JHS or SHS enrolled in Previous Tertiary School enrolled in Local Government Unit Any photo studio offering chemical printing round with name tag ackground with	



Regular Programs Courses

	EIM NCII	Mechatronics NCII	Technical Drafting NCII
Schedule	Monday to Friday	Monday to Friday	Monday to Friday
	8 am to 5 pm	8 am to 5 pm	8 am to 5 pm
Training Hours	196 hours	158 hours	206 hours

MATRICULATION AND OTHER FEES

REGULAR RATES

Regular Course	Training Fee	Laboratory Fee	Miscellaneous Fee	Total Fee				
Mechatronics	PHP 8,000.00							PHP 12,000.00
Electrical Installation and Maintenance	PHP 5,000.00	PHP 1,500.00	PHP 2,500.00	PHP 9,000.00				
Technical Drafting	PHP 5,000.00			PHP 9,000.00				

Short Course	Training Fee	Laboratory Fee	Miscellaneous Fee	Total Fee
Mechatronics Servicing (3 modules)	PHP 4,000.00	0		PHP 12,000.00
Electrical Installation and Maintenance (4 modules)	PHP2,500.00 per module		0	PHP 10,000.00
Technical Drafting (4 modules)	PHP 2,500.00 per module			PHP 10,000.00

CASH BASIS RATES (10% discounts on training fees)

Regular Course	Training Fee	Laboratory Fee	Miscellaneous Fee	Total Fee			
Mechatronics Servicing NC II	PHP 7,200.00	PHP 1,500.00	PHP 1,500.00				PHP 11,200.00
Electrical Installation and Maintenance NC II	PHP 4,500.00			PHP 2,500.00	PHP 8,500.00		
Technical Drafting NC II	PHP 4,500.00			PHP 8,500.00			



INSTALLMENT RATES

A. TECHNICAL DRAFTING/ ELECTRICAL INSTALLATION AND MAINTENANCE

	Payment				
Fees/ Charges	Upon Registration	Per Assessment	Per Assessment	Per Assessment	
Training Fee	PHP 1,000.00	PHP 1,334.00	PHP 1,333.00	PHP 1,333.00	
Laboratory Fee	PHP 1,500.00				
Miscellaneous Fee	PHP 2,500.00				
Subtotal	PHP 5,000.00	PHP 1,334.00	PHP 1,333.00	PHP 1,333.00	
TOTAL	PHP 9,000.00				

B. MECHATRONICS

		Payment				
Fees/ Charges	Upon Registration	Per Assessment	Per Assessment	Per Assessment		
Training Fee	PHP 1,600.00	PHP 2,134.00	PHP 2,133.00	PHP 2,133.00		
Laboratory Fee	PHP 1,500.00					
Miscellaneous Fee	PHP 2,500.00					
Subtotal	PHP 5,600.00	PHP 2,134.00	PHP 2,133.00	PHP 2,133.00		
TOTAL	PHP 12,000.00					



3. SCHOLARSHIP ENROLLMENT

The enrollment of qualified to scholarship programs for the following qualifications:

- Electrical Installation and Maintenance NC II (EIM)
- Technical Drafting NC II
- Mechatronics Servicing NC II

In consonance with its mandate, CIPI offers scholarship programs, in partnership with TESDA, that provide quality education to qualified underprivileged individuals. TESDA Scholarship Programs as follows:

- Training for Work Scholarship Program (TWSP)
- Special Training for Employment Program (STÉP)
- Tulong Trabaho Scholarship Program (TTSP)

Inclusions: Training and NC II Assessment Fee, Training Support Fund,

Connectivity, and PPE Allowance
Duration: Technical Drafting –206 hours
Mechatronics – 158 hours

EIM -196 hours

Schedule: Monday to Friday (8 am to 5 pm)

OFFICE OR DIVISION	City of Imus Polytechnic Institute – Registrar's Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens			
WHO MAY AVAIL THE SERVICE	Qualified applicants 18 years old and above			
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE		
I. Scholarship Programs				
Copy of PSA Birth Certificate		Original copy: Philippine Statistics Authority		
Copy of 2 valid identification cards (g	government/company/school-issued)	Any government institution and/or current company/school of client		
Academic Records		Previous JHS or SHS enrolled in		
Transcript of Records		Previous Tertiary School enrolled in		
PWD ID (if applicable)		Local Government Unit		
Set of ID pictures		Any photo studio offering chemical printing		
3 pcs 1x1 ID pictures in white backgi				
3 pcs passport ID pictures in white b	ackground with name tag			
Note: ID pictures must be in ch				
ALS Completion Certificate (if ALS g		Previous School		
Barangay Certificate (Endorsement)	of Residency	Local Barangay		

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Registration Form		CIPI Registrar's Office (Window 1)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit complete admission requirements	Check and evaluate requirements	None	10 minutes	Maria Shirley Danao Registrar III
2. Accomplish Registration Form	2.1. Verify completeness of form	None	5 minutes	Maria Shirley Danao Registrar III
	2.2 Enlist enrollee's name in the Enrollment Roster			
Fill out Client Satisfaction Feedback Form				
	TOTAL	None	20 minutes	

4. COLLECTION OF TUITION AND OTHER FEES

Request for the generation of assessment

OFFICE OR DIVISION	FFICE OR DIVISION City of Imus Polytechnic Institute – Cashier's Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizens				
WHO MAY AVAIL THE SERVICE	Enrollee or guardian				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Registration Form of Enrollee	Registration Form of Enrollee		Registrar (Window 1)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Accomplish registration form	1. Check registration form and endorse to	None	10 minutes	Maria Shirley Danao	
	Cashier's Office			Registrar III	
2. Pay amount due	2. Assess the amount to be collected and	Kindly refer to	10 minutes	Dianne P. Garcia	
	issue Official Receipt (O.R.) and return assessed fee/s Cashier				
registration form to registrar's office					
	Fill out Client Satisfaction Feedback Form				
	TOTAL	Based on	20 minutes		
		assessment			



5. TESDA NC II ASSESSMENT PROCEDURE

FFICE OR DIVISION City of Imus Polytechnic Institute – Assessment Center					
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C				
WHO MAY AVAIL THE SERVICE	(CIPI Trainees) Trainees who completed training from any TESDA-accredited Technical-Vocational Institute (TVI)				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
I. In-house Trainee					
A. Pre-assessment					
Application Form		CIPI Processing Officer			
Self-Assessment Guide		CIPI Processing Officer			
2 pcs passport ID pictures in white be with nametag)	ackground (must be in collared shirt	CIPI Processing Officer			
Note: ID pictures must be in chemica	al print				
B. During Assessment					
Attendance Sheet					
Rating Sheet					
Competency Assessment Result Summary (CARS)		TESDA-Assigned Assessor			
Performance Evaluation Instrument ((PEI)				
C. Post-assessment					
Letter of Authority		CIPI Processing Officer			
Photocopy of Valid ID (2 copies)		CIPI Processing Officer			
National Certification Payment		Cashier's Office (Window 3)			
I. Walk-in Applicant					
A. Pre-assessment					
Application Form		CIPI Processing Officer			
Self-Assessment Guide		CIPI Processing Officer			
2 pcs passport ID pictures in white be	ackground (must be in collared shirt				
with nametag)		Any photo studio offering chemical printing			
Note: ID pictures must be in chemica	al print	, , , , , , , , , , , , , , , , , , , ,			
B. During Assessment					
Attendance Sheet					
Rating Sheet					
		TESDA-Assigned Assessor			

Competency Assessment Result S	Summary (CARS) Performance			
Evaluation Instrument (PEI)	- ` '			
C. Post-assessment				
Letter of Authority		CIPI Processing Officer		
Photocopy of Valid ID (2 copies)		Client		
National Certification Payment		Cashier's Office (Window 3	3)	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements	Check and evaluate requirements	None	5 minutes	Maria Shirley Danao Processing Officer
Accomplish Registration Form	Verify completeness of form	None	2 minutes	Maria Shirley Danao Processing Officer
Proceed to TESDA Provincial Office for scheduling	Endorse client to TESDA Provincial Office for scheduling and venue of his/her assessment	None	1 day	Maria Shirley Danao Processing Officer
	TOTAL		1 day and 7 mins	
After obtaining schedule from 1	ESDA Provincial Office			
Pay Assessment Fee	Accept payment and issue Official Receipt (O.R.)	TESDA-prescribed Assessment Fee (PHP 500)	10 minutes	Dianne Garcia Administrative Officer I
Post-assessment				
	Collect reports and documents for submission to TESDA Provincial Office	NONE	1 day	Maria Shirley Danao Processing Officer
For assessment examination passers				
Claim National Certification	Issuance of National Certification to the qualified candidate	TESDA-prescribed Assessment Fee (PHP 60)	10 minutes	TESDA
Fill out Client Satisfaction Feedback Form				



6. ISSUANCE OF VARIOUS CERTIFICATIONS

Issuance of the following requested documents:

- Certificate of Completion/Enrollment
- Institutional Certificate
- Certificate of Good Moral Character
 TOR (Transcript of Record)

■ TOR (Transcrip	ol Recolu)				
OFFICE OR DIVISION	City of Imus Polytechnic Institute – Registrar's Office				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizens				
WHO MAY AVAIL THE SERVICE	CIPI Trainees and Graduates				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Request Slip		Registrar (Window 1)			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Fill out Request Slip	1.1 Check student's records	None	5 minutes	Maria Shirley Danao	
				Registrar III	
	1.2 Prepare the requested document	None	1 day		
2. Receive the requested	2.1 Issue the document	None	5 minutes	Maria Shirley Danao	
document				Registrar III	
	2.2 Log the requester's name at the	None	2 minutes		
	designated Logbook				
Fill out Client Satisfaction Feedback Form					
	TOTAL None 1 day and 12				
minutes					



CITY OF IMUS POLYTECHNIC INSTITUTE INTERNAL SERVICES



1. REQUEST FOR THE USE OF FACILITIES

Application for the use of available rooms and/or facilities for government functions/activities.

OFFICE OR DIVISION	City of Imus Polytechnic Institute – General Administration Office				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2G – Government to Government, G2C – G	overnment to Citizens			
WHO MAY AVAIL THE SERVICE	All offices under the City Government of Imus	}			
	Any public agency or organization				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Letter of Intent		Client			
Endorsement Letter (if applicable)	ment Letter (if applicable) Local Government Unit – Office of the Mayor				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIBLE			
Submit requirements	1.1 Assess the submitted requirements and	None	3 minutes	Curley Mae Rafael	
	check the availability of venue			Administrative Officer II	
	1.2 Advise the client on the availability of None 2 minutes				
	venue				
Fill out Client Satisfaction Feedback Form					
TOTAL None 5 minutes					



2. SUBMISSION OF REPORT ON COLLECTIONS AND DEPOSITS

Submission of financial reports after the issuance of official receipts to external clients and the deposit of collections.

OFFICE OR DIVISION	City of Imus Polytechnic Institute – Cashier's Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G - Government to Government	G2G - Government to Government			
WHO MAY AVAIL THE SERVICE	Treasurer's Office				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
a. Three (4) copies of Report on Col	Three (4) copies of Report on Collections and Deposits (RCD) 1 - Local Government Unit – City Treas 1 - CIPI		Unit – City Treasurer's O	ty Treasurer's Office	
b. Three (5) copies of validated deposit slip/s		1 copy – UCPB 3 Copies - City Treasurer's Office 1 Copy – CIPI			
c. Duplicate and triplicate copy of issued Official Receipt/s (O.R.) to external clients		Local Government Unit – City Treasurer's Office			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Receive requirements	Submit report of collections and deposits for any Official Receipt generated	None	1 day	Dianne Garcia Administrative Officer I	
	Fill out Client Satisfaction Feedback Form				
TOTAL None 1 day					



3. REQUEST FOR SUPPLIES

Request of CIPI personnel or section for replenishment of supplies and/or provision of materials and equipment available in the storage area.

OFFICE OR DIVISION	City of Imus Polytechnic Institute – Cashier's Office				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	Any CIPI Staff				
CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	URE	
Monitoring Sheet	Cashier's Office (Window 3)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE	
			TIME		
1. Request for supply/ies and	Check the availability of supply/ies and	None	8 minutes	Dianne Garcia	
present monitoring sheet	encode entries in the logbook and in the			Administrative Officer I	
	monitoring sheet				
2. Sign in the logbook	2. Release requested supply/ies	None	2 minutes	Dianne Garcia	
				Administrative Officer I	
Fill out Client Satisfaction Feedback Form					
TOTAL None 10 minutes					

4. REQUEST FOR REIMBURSEMENT

Request of CIPI officials or sections for reimbursement of expenses incurred during official business activities.

OFFICE OR DIVISION	City of Imus Polytechnic Institute – Cashier's Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G, G2C, G2B				
WHO MAY AVAIL THE SERVICE	Board of Trustees, School Administrator and con	cerned sections of CI	PI		
CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	CURE	
Refer to the list of requirements from A	accounting Office	Local Government U	Init - City Accounting	Office	
CLIENT STEPS	AGENCY ACTION FEES TO BE PROCESSING PERSON RESPO			PERSON RESPONSIBLE	
		PAID	TIME		
Submit complete requirements	1.1 Prepare reimbursement request and Check	None	30 minutes	Dianne Garcia	
	completeness of attachments			Administrative Officer I	
	1.2 Submit final request with attachments to	None	10 minutes		
	Accounting Office for processing				
TOTAL None			40 minutes		



ECONOMIC ENTERPRISE MANAGEMENT OFFICE EXTERNAL SERVICES



1. RENEWAL OF CONTRACT OF LEASE

	r			
OFFICE OR DIVISION	Economic Enterprise Management Office – Imus Public Market and Bahayang Pag-asa Public Market			
CLASSIFICATION	Complex			
TYPE OF TRANSACTION	G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	IE SERVICE Imus Public Market Stallholders			
CHECKLIST	HECKLIST OF REQUIREMENTS WHERE TO SECURE			RE
Present Business Permit Business Permits and Licensing Office				
Previous Contract of Lease		Imus Public Market – A	Admin Office	
Community Tax Certificate (Cedula)		City Treasurer's Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the request.	Verify and evaluate the requirements	None	3 minutes	Romel F. Lazo (Imus Public Market) Nestor Dr. Camantigue Herbert L. Sapida (Bahayang Pag-asa Public Market)
2. Receive Order of Payment	2. Issue Order of Payment	None	1 minute	Romel F. Lazo Loralie Lizel S. Garde (Imus Public Market) Nestor Dr. Camantigue Herbert L. Sapida (Bahayang Pag-asa Public Market)
3. Pay the required fees and get the Official Receipt (OR)	3.1 Receive the payment and issue Official Receipt	Php 200.00	2 minutes	City Treasurer's Office (Imus Public Market) Richard R. Velasco (Bahayang Pag-asa Public Market)
	3.2 Process the Request	None	5 minutes	EEMO Staff (Imus Public Market) Herbert L. Sapida (Bahayang Pag-asa Public Market)

	3.3. Sign the document			Romel F. Lazo (Imus Public Market)
	3.4 Deliver the document to the city hall for signature of the BPLO head and City Mayor			Evelyn R. Lara
4. Get the Document	3.5 Notarize the Document 4. Release the document signed and	None None	5 days	City Legal Office EEMO Staff
Cot the Boothin	notarized.		iiiide	(Imus Public Market) (Bahayang Pag-asa Public Market)
	Fill-out Client Satisfact	•		
	TOTAL	None	5 days and 11 minutes	



2. MARKET CLEARANCE AND CERTIFICATION

Review and evaluation of stallholders based on accounts.

OFFICE OR DIVISION	Economic Enterprise Management Office – In	nus Public Market and B	ahayang Pag-asa Public	c Market	
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	Imus Public Market Stallholders				
CHECKLIST	CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Personal Appearance of Stallholders	s (for Certification)	Client			
Official Receipt (OR) of Stall Fee Ele	ectricity Fee and Sublease Fee	Client			
Previous Business Permit		Business Permits and I	Licensing Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.1 Submit the request. 1.2 Receive Order of Payment	Verify the status of payment of the stallholder and issue order of payment	None	3 minutes	Loralie Lizel S. Garde (Imus Public Market) Herbert Sapida (Bahayang Pag-asa Public Market) City Treasurer's Office	
Pay the required fees and get the Official Receipt (OR)	2. Receive the payment and issue Official Receipt	Php 100.00	2 minutes	Rhodora U. Papa Jefferson M. Sayas Annegelica C. Pascual (Imus Public Market) Richard R. Velasco (Bahayang Pag-asa Public Market)	
3. Get the Document	3.1. Sign the document.	None	2 minutes	Romel F. Lazo (Imus Public Market) Nestor Dr. Camantigue (Bahayang Pag-asa Public Market)	
	3.2 Release the document	None	2 minutes	EEMO Staff	

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			(Imus Public Market) Herbert L. Sapida (Bahayang Pag-asa Public Market)
Fill-out Client Satisfact	ion Rating Form		
TOTAL	None	9 minutes	

NOTE: Inform the client to proceed to barangay hall for Market Clearance/Barangay Endorsement for the Renewal of Business.

3. MARKET STALL RENOVATION PERMIT

This covers the minor repair of electrical and plumbing.

OFFICE OR DIVISION	Economic Enterprise Management Office - In	Economic Enterprise Management Office – Imus Public Market and Bahayang Pag-asa Public Market			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	Imus Public Market Stallholders				
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Request Letter		Client			
Accomplished Renovation Form (3 c	copies)	Imus Public Market – A	Admin Office		
Sketch plan (if applicable)		Client			
Authorization from Stallholder (if sub	elessee)	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the request.	1.1 Record the request and the date of renovation	Php 50.00	3 minutes	Rizzalyn M.Valenzuela Evelyn R. Lara (Imus Public Market) Herbert L. Sapida (Bahayang Pag-asa Public Market)	
	1.2 Inspect the stall for renovation (electrical and plumbing for repair)	None	15 minutes	Reymon B. Pasao Market Inspector Raul Q. Abella Noel Salumbides Maintenance Staff (Imus Public Market)	

, CITY OF IMUS

				Herbert L. Sapida Market Inspector (Bahayang Pag-asa Public Market)
	1.3 Approve the request	None	2 minutes	Romel F. Lazo (Imus Public Market) Nestor Dr. Camantigue (Bahayang Pag-asa Public Market)
2. Claim the Document	2. Process and release the document	None	3 minutes	Loralie Lizel S. Garde (Imus Public Market) Herbert L. Sapida Judilyn N. Olavario (Bahayang Pag-asa Public Market)
	Fill-out Client Satisfaction	on Rating Form		
	TOTAL	Php 50.00	23 minutes	



4. TRANSFER OF RIGHTS

OFFICE OR DIVISION	Economic Enterprise Management Office – Imus Public Market and Bahayang Pag-asa Public Market				
CLASSIFICATION	Complex	Complex			
TYPE OF TRANSACTION	G2B – Government to Business				
WHO MAY AVAIL THE SERVICE	Imus Public Market Stallholders and qualifi	ed Residents of City of Imu	JS		
CHECKLIST (KLIST OF REQUIREMENTS WHERE TO SECURE				
Personal Appearance of Previous ar	nd New Stallholder	Client			
Updated Contract of Lease of Previo		Client/Imus Public Marke	t – Admin Office		
Latest Business Permit of Previous		Business Permits and Lic	ensing Office		
Community Tax Certificate (CTC) of	Previous and New Stallholder	City Treasurer's Office			
Valid ID of Previous and New Stallho	older (1 Copy)	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit the request.	Verify and evaluate the requirements	None	2 minutes	Romel F. Lazo	
2. Receive Order of Payment	Issue Order of Payment	None	1 minute	Romel F. Lazo	
3. Pay the required fees and get the Official Receipt (OR)	3.1 Receive the payment and issue Official Receipt	Good Will Fee Wet Section – Php 100,000.00; Dry Section – Php 120,000.00; Miscellaneous fee (Renewal Fee) Php 200.00	2 minutes	City Treasurer's Office	
	3.2 Process the Request	None	5 minutes	EEMO Staff	
	3.3. Sign the document	None	1 minute	Romel F. Lazo EEMO	
	3.4 Deliver the document to the city hall for signature of the BPLO head and City Mayor	None		EEMO Staff	
	3.5 Notarize the Document	None 3 days City Legal Office			
4. Get the Document	4. Released the signed documents to the Stallholders	None	3 minutes	EEMO Staff	
	Fill-out Client Satisfaction Rating Form				
	TOTAL	None	3 days and 14 min.		

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5. PAYMENT OF SLAUGHTERHOUSE FEES

OFFICE OR DIVISION	Economic Enterprise Management Office -	Economic Enterprise Management Office – Imus City Slaughterhouse				
CLASSIFICATION	Simple					
TYPE OF TRANSACTION	G2B, Government to Business; G2C - Gov	vernment to Citizen				
WHO MAY AVAIL THE SERVICE	All hog, cattle, and goat dealers and vendo	rs				
CHECKLIST (OF REQUIREMENTS		WHERE TO SECURE			
Shipping Permit Client						
Hog, cattle and goat		Client				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1.1 Present the shipping permit.	1.1 Check permit and count the hogs, cattle, and goats	None	10 minutes	Melvin Romilla; Magfelio Lopez Jr.;		
	1.2 Ante-mortem inspection and animal observation	None	10 minutes	Melvin Romilla; Magfelio Lopez Jr;		
	1.3 Slaughter the animals	None	30 minutes (per animal)	Butcher		
	1.4 Post-mortem inspection and branding	None	5 minutes	Melvin Romilla; Magfelio Lopez Jr;		
	1.5 Weigh the animal and record the weight	None	5 minutes	Miralfez Santos; Alrex Legion		
1.2. Receive Order of Payment	1.6 Assess the amount to be paid and issue Order of Payment	None	2 minutes	Jerry Jarin; Danielyn Barbon		
2. Pay the slaughter fees and get the Official Receipt (O.R.)	2. Receive payment and release the Official Receipt (O.R.)	See below	2 minutes	Jerry Jarin; Danielyn Barbon		
3. Receive the slaughtered animals.	3. Deliver the slaughtered animals	None	15 minutes	Adonis Irenea; Roger Desamparado		
		action Rating Form				
TOTAL Based on assessment 1 hour, 19 minutes						



Slaughter Fees

Fees	Hog	Cattle	Goat
Slaughter Fees	Php 100.00 / head	Php 200.00/ head	Php 20.00 / head
Permit to Slaughter	Php 20.00 / head	Php 30.00 / head	Php 20.00 / head
Corral Fee	Php 5.00 / head	Php 7.00 / head	Php 5.00 / head
Ante Mortem Fee	Php 5.00 / head	Php 7.00 / head	Php 3.00 / head
Post Mortem Fee	Weight X 0.35 / kilo	Weight X 0.35 / kilo	Weight X 5.95 / kilo
Waste Disposal	Php 1.00	Php 1.50	Php 0.50
Delivery Charge			
From Imus	Php 15.00	Php 20.00	Php 10.00
From another City/Municipality	Php 40.00	Php 50.00	Php 35.00
Scalding Fee	Php 15.00	Php 20.00	Php 10.00
Boarding Fee	Php 150 / head	Php 200.00 / head	Php 50.00 / head

Note: Butcher's Fee will be paid by the dealers/vendors to the butcher Receiving Time: 10:00 PM Schedule of Slaughtering:

DAYS	HOG	CATTLE	GOAT
Sunday -	11:00 PM – 3:00 AM	7:00 PM – 11:00	6:00 PM - 7:00 PM
Thursday		PM	
	7:00 AM – 9:00 AM		
Friday -	9:00 PM – 3:00 AM	5:00 PM - 11:00	
Saturday		PM	
	7:00 AM – 9:00 AM		



6. COMPLAINT/MEDIATION

OFFICE OR DIVISION	Economic Enterprise Management Office – Imus Public Market, Bahayang Pag-Asa Public Market and Imus City Slaughterhouse					
CLASSIFICATION	Complex	Complex				
TYPE OF TRANSACTION	G2C - Government to Citizens					
WHO MAY AVAIL THE SERVICE	Imus public market stallholders					
CHECKLIS	T OF REQUIREMENTS		WHERE TO SECU	IRE		
Appearance of Complainants		Imus City Public Mark	et-Security Office			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Report of Complaints	1.1 Record and verify the complaint report	None	3 minutes	Security Staff		
2. Go to scheduled date	2.1Invite the appearance of concern parties	None	3 minutes	Security Staff		
	2.2 Mediate the report complaints	None	5 minutes	Christian Chester Sauler Imus Public Market		
	2.3 Record/blotter of report	None	1 minute	Ryan Limpot Bahayang Pag-asa Public Market Leopoldo Del Rosario Jr. Imus Slaughterhouse		
		Security Staff				
3. Get the copy of report	3. Release the copy of blotter for both parties	None	1 minute	Security Staff		
	TOTAL	None	13 minutes			



CITY EXTENSION OFFICE EXTERNAL SERVICES



1. ISSUANCE OF RESIDENCE CERTIFICATE (CEDULA)

Any individual shall be issued Resident Certificate to every person or corporation upon payment of the residence tax.

7 triy iridividdal Shall be 133ded 11e3	ident detailed to every person or corporation ap	on payment of the resi	acrice tax.		
OFFICE OR DIVISION	City Extension Office	City Extension Office			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen				
WHO MAY AVAIL THE SERVICE	All residents of the City of Imus				
CHECKLIST OF REQUIREMENTS WHERE TO SECURE		URE			
Information Slip		City Extension Office			
Valid Government ID		From Taxpayer			
Certificate of Compensation Payment - B	R Form 2316 (for BIR Filing)	From Taxpayer			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Approach the Help Assistance Desk	 Assist and assess the requirements. 	None	1 minute	Dave Jordan Almonte	
for inquiry and information slip					
2. Present the information slip and valid	Notify the amount of fees to be paid.	None	1 minute	Marivic Ruiz	
government ID.				Ana May Sañez	
				Marisel Mangundayao	
				City Treasurer's Office Staff	
3. Pay the required fees.	3.1. Receive the payment, and	Depends on the	5 minutes	Marivic Ruiz	
	0.0.1	residence tax		Ana May Sañez	
	3.2. Issue the Official Receipt (O.R)	computation		Marisel Mangundayao	
4 Density the density	A Dalacas the OFDIII A	Nana	4 materials	City Treasurer's Office Staff	
4. Receive the document	4. Release the CEDULA	None	1 minute	Marivic Ruiz	
				Ana May Sañez	
				Marisel Mangundayao City Treasurer's Office Staff	
		Donanda on the	9 minutes	City Treasurer's Office Stall	
	TOTAL	Depends on the residence tax	8 minutes		
	IOIAL				
		computation			



2. PAYMENT OF REAL PROPERTY TAX (RPT)

Real Property Tax payments are made at the Land Tax Division of the City Treasurer's Office and at the various Satellite Offices located at the City Extension Office in Bahayang Pag-asa Subdivision, Robinsons Place Imus, The District Mall-Ayala, and the old City Hall. Taxpayers might choose to pay either annually or quarterly. Those who pay in advance receive discounts.

ve discourts.				
City Extension Office				
Simple				
G2C - Government to Citizens				
All residents of the City of Imus				
OF REQUIREMENTS	WHERE TO SECURE			
	From Taxpayer			
eipt/Tax Declaration	From Taxpayer			
AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Assess the requirements.	None	1 minute	Dave Jordan Almonte	
2. Issue the Statement of Account.	None	1 minute	Marivic Ruiz Ana May Sañez City Treasurer's Office Staff	
3.1. Receive the payment, and3.2. Prepare the Official Receipt (O.R)	Computation of RPT: Basic RPT: Assessed Value X 1% Add: Penalty (if Applicable) Less: Discount (if Applicable) Special Education Fun (SEF):	5 minutes	Marivic Ruiz Ana May Sañez City Treasurer's Office Staff	
	City Extension Office Simple G2C - Government to Citizens All residents of the City of Imus OF REQUIREMENTS eipt/Tax Declaration AGENCY ACTION 1. Assess the requirements. 2. Issue the Statement of Account.	City Extension Office Simple G2C - Government to Citizens All residents of the City of Imus OF REQUIREMENTS From Taxpayer AGENCY ACTION I. Assess the requirements. None 2. Issue the Statement of Account. None 3.1. Receive the payment, and Gomputation of RPT: Assessed Value X 1% Add: Penalty (if Applicable) Less: Discount (if Applicable) Less: Discount (if Applicable) Special Education	City Extension Office Simple G2C - Government to Citizens All residents of the City of Imus OF REQUIREMENTS From Taxpayer eipt/Tax Declaration FEES TO BE PAID 1. Assess the requirements. None 1 minute 2. Issue the Statement of Account. None 3.1. Receive the payment, and RPT: 3.2. Prepare the Official Receipt (O.R) Basic RPT: Assessed Value X 1% Add: Penalty (if Applicable) Less: Discount (if Applicable) Less: Discount (if Applicable) Special Education	



		Assessed Value X 1% Add: Penalty (if Applicable) Less: Discount (if Applicable)		
4. Receive the Official Receipt	4. Release the Official Receipt	None	1 minute	Marivic Ruiz Ana May Sañez City Treasurer's Office Staff
	то	TAL Based on assessment	8 mins	



3. ISSUANCE OF PSA-BATCH REQUEST ENTRY QUERY SYSTEM (BREQS)

The BREQS is a scheme where PSA authorizes the LGU to receive requests for PSA-issued copies and certifications of civil registry documents from the public and issue the documents to its clientele. The following requests can be file through BREQS:

- o Copies of birth, death, marriage documents,
- Copies of annotated or endorsed documents provided copies of said documents have already been issued by PSA previously, and
 Certificates of No Record of Marriage (CENOMAR or "Singleness").
- Online Forms available via PSA website

 Online Forms available via PSA website. 					
OFFICE OR DIVISION	City Extension Office				
CLASSIFICATION	Complex				
TYPE OF TRANSACTION	G2C - Government to Citizens; G2G - Government to Government				
WHO MAY AVAIL THE SERVICE	Any individual may avail the service				
CHECKLIST OF	REQUIREMENTS	1	WHERE TO SECURE		
Accomplish Application Form with the required Birth Certificate – White Marriage Certificate – Pink Death Certificate – Yellow Certificate of No Marriage – Green	d details.	City Extension Office			
If the requester is the document owner, present original valid ID/s		Applicant/Client/Requestor			
If the requester is a representative: Original valid IDs or photocopy of valid IDs of the document owner and original and photocopy of the valid IDs of the representative Authorization letter/SPA duly signed by document owner and indicating the following: b.1 Type of document/s; b.2. Number of copies per requested document/s; b.3. Name of document owner/s; b.4. Complete details of requested document/s					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Approach the Help Assistance Desk Officer for inquiry	1.1 Assess the requirements and issue appropriate form.	None	1 minute	Dave Jordan Almonte	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	TIME	RESPONSIBLE
1. Approach the Help Assistance Desk Officer for inquiry	1.1 Assess the requirements and issue appropriate form.	None	1 minute	Dave Jordan Almonte
2. Accomplish application form and present it to the screening officer.	2.1 Check the applicant's requirements;	None	5 minutes	Ric Jason Limbo
-	2.2. Check the details of the document,			

IMUS

	2.3. If approved, issue order of payment			
Prepare the required fee	3.1. Receive the payment,	Fees:	1 day	Ric Jason Limbo
	3.2. Issue the applicant an acknowledgement slip and notify the applicant of the release date.	LGU to collect P100.00 service charge		
	3.3. Process payment at the City Government	PSA to collect the		
	Center on the next working day.	following:		
		Birth Certificate P155.00		
	3.4. Submit the documents to CCRO for	Marriage Certificate		
	processing.	P155.00		
		Death Certificate		
		P155.00 CENOMAR P210.00		
4. Received the document/s and sign in the	4.1. Immediately notify the requestor for	None	3 minutes	Ric Jason Limbo
logbook	document availability	None	(stop time)	Nic Jason Linibo
1092001	accument availability		(otop timo)	
	4.2. Release the document with 2 Official		10 days	
	Receipts (from LGU and PSA)		·	
	TOTAL	Based on assessment	11 days, 9 minutes	



SATELLITE OFFICE EXTERNAL SERVICES



1. ASSESSMENT AND PAYMENT OF REAL PROPERTY TAX

OFFICE OR DIVISION	Imus Satellite Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST OF F	REQUIREMENTS		WHERE TO SECURE		
Valid Identification Card (if applicable	e)	BIR, Post Office, DFA, PSA, SSS,	GSIS, PAG-IBIG, NBI Cleara	nce, Police Clearance	
Latest Real Property Tax (RPT) Office	cial Receipt	City Treasurer's Office/Extension/	Satellite Offices		
Tax Declaration Certificate		City Assessor's Office			
Notice of Delinquency (for delinquen	t accounts)	City Treasurer's Office			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present the requirement	1.1 Verify the Record/ Real Property Tax Assessment1.2 Issue Statement of Account (SOA) per transaction	None None	3 minutes	City Treasurer's Office assigned Personnel for Collection	
2. Pay the Assessed Tax and get the Official Receipt (OR)	2. Receive payments and issue official receipt	Computation of Real Property Tax Basic Real Property Tax Assessed Value X 1% Add: Penalty (if Applicable) Less: Discount (If applicable) Special Education Fund Assessed Value X 1% Add: Penalty (if Applicable) Less: Discount (If applicable)	2 minutes	City Treasurer's Office assigned Personnel for Collection	
	TOTAL	Based on assessment	5 minutes		



2. ISSUANCE OF MAYOR'S PERMIT TO WORK

OFFICE OR DIVISION	Imus Satellite Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All workers in the City of Imus				
CHECKLIST OF	REQUIREMENTS	WH	ERE TO SECURE		
Filled out application form		Satellite Office			
Health card		City Health Office			
NBI Clearance/Police Clearance		NBI/PNP			
Community Tax Certificate (CTC)		City Treasurer's Office/ Extension C	Office/ Satellite Office	S	
Referral Letter (non-resident of Imus		Municipality or City Mayor			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE	
			TIME		
Submit the requirements	Verify the requirements	None	5 minutes	Satellite Office assigned	
				Personnel	
0.5	0.5	DI 00.00		0" 7	
2. Pay the assessed fee and get	2. Receive the payment and issue the	Php 80.00	2 minutes	City Treasurer's Office	
the OR	official receipt	Danima antama atama in alcala d		assigned Personnel for	
	0.5	Documentary stamp included	- · .	Collection	
3. Present the O.R. and receive the	3. Prepare Mayor's permit to work and	None	7 minutes	Satellite Office assigned	
documents	release the document			Personnel	
		Satisfaction Rating Form	44		
TOTAL Php 80.00 14 minutes					



3. ISSUANCE OF COMMUNITY TAX CERTIFICATE

OFFICE OR DIVISION	Imus Satellite Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents and non-residents of City of	Imus		
CHECKLIST OF	FREQUIREMENTS	V	VHERE TO SECURE	
Information slip		Satellite Office		
Valid ID Applicant		BIR /Post Office, DFA, PSA, SS	S, GSIS, PAG-IBIG, NBI,	Police Clearance
BIR form No. 2316 Certificate of com	pensation/ Certificate of Income earned	Human Resource Office/ Accour	nting Office	
last year/ latest pay slip				
Photocopy of Notarized Special Power		Notary Public by person being re	presented	
Medical Certification specifying health		Hospital		
Certification of BJMP Officer specifying	ng detainment of applicant with	BJMP		
photocopy of applicants valid ID				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit accomplished information		None	2 minutes	Satellite Office assigned
slip	process request			Personnel
2. Pay the assessed fee get the CTC	2. Receive payment and issue Official		3 minutes	City Treasurer's Office
	Receipt then issue the Community Tax	(P34.00 voluntary)		assigned Personnel for
	Certificate.	b. Additional Community Tax		Collection /Satellite Office
		(, , , , , , , , , , , , , , , , , , ,		
		(not to exceed P5,000.00)		assigned Personnel
		Gross receipts or earnings		assigned Personnel
		Gross receipts or earnings derived from business during		assigned Personnel
		Gross receipts or earnings derived from business during the preceding year (P1.00 for		assigned Personnel
		Gross receipts or earnings derived from business during the preceding year (P1.00 for every P1,000.00)		assigned Personnel
		Gross receipts or earnings derived from business during the preceding year (P1.00 for every P1,000.00) Salaries or gross receipts or		assigned Personnel
		Gross receipts or earnings derived from business during the preceding year (P1.00 for every P1,000.00) Salaries or gross receipts or earnings derived from		assigned Personnel
		Gross receipts or earnings derived from business during the preceding year (P1.00 for every P1,000.00) Salaries or gross receipts or earnings derived from exercised of profession or		assigned Personnel
		Gross receipts or earnings derived from business during the preceding year (P1.00 for every P1,000.00) Salaries or gross receipts or earnings derived from exercised of profession or pursuit of any occupation		assigned Personnel
	Fill-out Client S	Gross receipts or earnings derived from business during the preceding year (P1.00 for every P1,000.00) Salaries or gross receipts or earnings derived from exercised of profession or pursuit of any occupation (P1.00 for every P1,000.00)		assigned Personnel
	Fill-out Client So TOTAL	Gross receipts or earnings derived from business during the preceding year (P1.00 for every P1,000.00) Salaries or gross receipts or earnings derived from exercised of profession or pursuit of any occupation	5 minutes	assigned Personnel



4. ISSUANCE OF OFFICIAL RECEIPT FOR POLICE CLEARANCE APPLICATION

OFFICE OR DIVISION	Imus Satellite Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of City of Imus			
	F REQUIREMENTS	V	WHERE TO SECURE	
Barangay Clearance		Respective Barangay		
Community Tax Certificate		City Treasurer's Office/ Extension	n Office and Satellite Of	fices
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present the requirements	Verify the requirements	None	3 minutes	Satellite Office assigned Personnel
2. Pay the assessed fee and get the O.R.	Receive the payments and issue the official receipt	For employment (new) scholarship, study grant and other purposes not herein specified - Php 50.00; For employment (renewal) - Php100.00; For change name – Php 100.00; For Application of Filipino Citizenship – Php 500.00; For passport or visa application – Php 100.00; For work or travel abroad – Php 150.00; For firearms permit application – Php 500.00 For PLEB Clearance – Php 100.00; For Certification of Police Clearance – Php 50.00	2 minutes	City Treasurer's Office assigned Personnel for Collection
	TOTAL	Based on assessment	5 minutes	



5. ISSUANCE AND/OR RELEASE OF PHILIPPINE STATISTICS AUTHORITY (Formerly NSO) AUTHENTICATED BIRTH CERTIFICATE, MARRIAGE CERTIFICATE, DEATH CERTIFICATE, AND CERTIFICATE OF NO MARRIAGE (CENOMAR)

OFFICE OR DIVISION	Imus Satellite Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All			
	REQUIREMENTS		WHERE TO SECURE	
Accomplished Application Form of Bi	irth, Marriage, Death or CENOMAR	PSA		
For Personal Application				
Valid ID of Document owner (1 Origin	nal for validation and 1 photocopy	BIR / Post Office, DFA, PSA, SS	S, GSIS, PAG-IBIG, NBI,	Police Clearance
(both sides)				
For Representative				
Valid ID of representative (1 Original	for validation and 1 photocopy (both	BIR / Post Office, DFA, PSA, SS	S, GSIS, PAG-IBIG, NBI,	Police Clearance
sides)				
	Authorization letter or Notarized Special Power of Attorney Document owner			D. II. O.
	Valid ID of representative (1 Original for validation and 1 photocopy (both BIR / Post Office, DFA, PSA, SSS, GSIS, PAG-IBIG, NBI, Police Clearance			Police Clearance
sides)	A OFNOV A OTION	FFFO TO DE DAID	DD COESONIO TIME	DEDOON DECOUNDED E
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Fill out and submit Philippines	Check if information is complete detailed.	None	5 minutes	Satellite Office assigned
Statistics Authority (PSA)	and readable			Personnel
Application Form 2. Pay the required fee and get	2. Receives payment, issues Official	Service fee - Php 100.00;	3 minutes	City Treasurer's Office
claim stub	receipt, release the Claim Stub and	PSA Fee for BC, MC, DC –	3 minutes	assigned Personnel for
Ciaiiii Stub	prepare endorsement of PSA	Php 155.00 + SF;		Collection /Satellite Office
	applications to the City registrar's	PSA fee for CENOMAR - Php		assigned Personnel
	Office for submission to PSA.	210.00 + SF		accigned i crecime
3. Wait for and receive notification	3. Notify applicant on the availability	None	2 minutes	Satellite Office assigned
from Satellite Office thru text or call	and claiming of PSA documents from			Personnel
for claiming the PSA document/s.	City registrar's Office			
4. Present claim stub and claim the	4. Release the PSA document/s	None	2 minutes	Satellite Office assigned
PSA document/s with City and PSA				Personnel
Official Receipt				
	TOTAL	Based on assessment	12 minutes	



6. PUBLIC INFORMATION ASSISTANCE

OFFICE OR DIVISION	Imus Satellite Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
None		Satellite Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Ask queries about other services of	1. Attends to inquiry/ies about other	None	2 minutes or more	Satellite Office assigned
the City Government and other	services of the City Government.		depending on the	Personnel
relevant details.	•		queries.	
	TOTAL	Based on assessment	2 minutes	



CITY HEALTH OFFICE EXTERNAL SERVICES



1. PROVIDE IMMUNIZATION SERVICES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All pregnant residents of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
	t time clients, the midwife on duty will provide	City Health Office		
the Growth Chart Form)				
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any v	alid I.D.	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Provide the data being asked	Check the existing record of the client	None	3 minutes	Barangay Health Center: Midwife on duty
	For first time client, new form will be given and fill up			
2. Undergo the physical examination	2. Record the vital signs and conduct physical examination	None	15 minutes	Barangay Health Center: Midwife on duty
3. Receive immunization	3.1 Provide immunization	None	5 minutes	Barangay Health Center: Midwife on duty
	3.2 Provide post-immunization instructions	None	3 minutes	
	Fill-out Client Satisfac	tion Rating Form		
	TOTAL	None	26 minutes	



2. PROVIDE PRE-NATAL EXAMINATION

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All pregnant residents of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
Existing Home-Based Mother Record	d (For first time clients, the Midwife on duty	City Health Office		
will provide the Home-Based Mother	Record)			
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any v	alid I.D.	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Provide the data being asked	1. Accomplish the Home-Based Mother	None	3 minutes	Barangay Health Center:
	Record			Midwife on duty
2. Undergo the physical	2. Record the vital signs and conduct	None	15 minutes	Barangay Health Center:
examination	physical examination			Midwife on duty
3. Undergo the Pre-Natal	3. Provide Pre-Natal Examination Health	None	10 minutes	Barangay Health Center:
Examination Health Education	Education and available medicines			Midwife on duty
	Fill-out Client Satisfac	tion Rating Form		
	TOTAL	None	28 minutes	



3. PROVIDE FAMILY PLANNING SERVICES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All Women of Reproductive Age 15-49 years	old residents of Imus		
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
	Family Planning New Acceptor, Current	City Health Office		
	hanging method, the midwife on duty will			
provide the Family Planning Form 1)				
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any v	alid I.D.	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the information being	1. Interview the client, accomplish Family	None	3 minutes	Barangay Health Center:
asked	Planning Form1			Midwife on duty
2. Undergo the physical	2. Assess and conduct physical	None	15 minutes	Barangay Health Center:
examination	examination. Record the vital signs and			Midwife on duty
	remarks finding.			
3. Undergo Family Planning	3.1 Provide Family Planning Counseling	None	10 minutes	Barangay Health Center:
Counseling.				Midwife on duty
	3.2 Provide the available Family Planning	None	3 minutes	
	methods/commodities in the clinic.			
4. Schedule of next follow up visit.	4. Provide the date of next visit.	None	3 minutes	Barangay Health Center: Midwife on duty
	Fill-out Client Satisfac	tion Rating Form		
	TOTAL	None	34 minutes	



4. PROVIDE MEDICAL CONSULTATION

The health care provider evaluates the patient's condition, provides medical advice and recommends treatment.

·	the patient e condition, provided medical advic-				
OFFICE OR DIVISION	City Health Office	City Health Office			
CLASSIFICATION	Highly-Technical				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All residents of Imus				
CHECKLIST (OF REQUIREMENTS		WHERE TO SECUR	RE	
Existing Individual Treatment Record	(For first time clients, the Midwife on duty	City Health Office			
will provide the Individual Treatment I	Record)				
Barangay Clearance	Clearance Respective Barangay			·	
One (1) Government Issued or any va	One (1) Government Issued or any valid I.D.		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Provide medical history	Interview the patient	None	5 minutes	Barangay Health Center: Midwife on duty	
2. Undergo the examination	2.1 Record the vital signs and conduct physical examination	None	15 minutes	Barangay Health Center: Midwife on duty	
	2.2 Prescribe the appropriate medicine(s) and medical advice	None	5 minutes		
3. Receive the medicine	3. Provide the medicine (if available)	None	2 minutes	Barangay Health Center: Midwife on duty	
	Fill-out Client Satisfac	tion Rating Form			
	TOTAL	None	27 minutes		

NOTE: If hospitalization is required, fill-out the referral form to the hospital-of-choice.



5. PROVIDE NON-COMMUNICABLE MEDICINES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
Barangay Clearance		Respective Barangay I	Health Stations	
One (1) Government Issued or any v		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Proceed to the Health Worker on duty (nurse, midwife).	1.1 Assess patient (20 years old and above), takes and records vital signs using PhilPEN risk assessment form	None	5 minutes	Nurse / Midwife on duty
	1.2. Extract blood sample (for blood sugar)	None	2 minutes	
	1.3. Records the results at PhilPEN risk assessment form.	None	1 minute	
	1.4. Refer patient to medical officer on duty	None	1 minute	
2. Proceed to the medical officer on duty and present the referral form	2.1 Perform physical examination and management	None	4 minutes	Medical officer on duty
	2.2. Prescribes medicines	None	1 minute	
	2.3 Proceeds to the nurse / midwife on duty	None	1 minute	
3. Proceed to the nurse / midwife on duty	3.1. Checks the PhilPen Risk assessment form / prescription from medical officer	None	1 minute	Nurse /Midwife on duty
	3.2 Issues prescribed medicines	None	1 minute	
	3.3 Conducts health teaching	None	2 minute	
	3.4 Schedules next follow up visit	None	1 minute	
	Fill-out Client Satisfac	tion Rating Form		
	TOTAL	None	20 minutes	



6. PROVIDE DENTAL CARE SERVICES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST	ST OF REQUIREMENTS WHERE TO SECURE			
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any v	alid I.D.	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register the name in the logbook	1.1 Assist the client and provide a call	None	3 minutes	Dental Aide
and receive a call number	number			
	1.2 Record the patient's blood pressure and	None	5 minutes	
	vital signs			
Undergo teeth examination	Examine the teeth of the patient	None	5 minutes	Dentist on duty
3. Receive dental care service	3.1 Provide dental care service (tooth	None	45 minutes	Dentist on duty
(tooth extraction, prophylaxis and	extraction, prophylaxis and gum treatment)			
gum treatment)				
	3.2 Prescribe the appropriate medicine (if			
	available)	None	2 minutes	
	Fill-out Client Satisfac	tion Rating Form		
	TOTAL	None	1 hour	

NOTE: Clients can avail the following services: Tooth Extraction, Prophylaxis (For Pre-schools and Pregnant Women), Gum Treatment. For critical cases, the patient is being referred to other public/private clinics/hospitals that can accommodate his/her needs.



7. ISSUANCE OF ANTI-TUBERCULOSIS RESULTS AND MEDICINES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any v	ralid I.D.	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the information being	1.1 Interview the patient and conduct	None	5 minutes	Barangay Health Center:
asked and undergo the examination	physical examination			Midwife on duty
	1.2 Refer to TB DOTS Clinic	None		
2. Submit the specimen	2.1 Collect the specimen	None	5 minutes	Armand Lasquete; AmielynMangalubnan;
				Marites Chua
	2.2 Provide the releasing date of the result	None	2 minutes	NTP Nurse
	2.3 Assess the result of the specimen	None	2 days	Dra. Maria Rossini de Ausen; Dra. Ma. Rhodora Coronado; Dra. Noralyn del Mundo; Dra. Gelyn Golamco; Dra. Cherie Lyn Tumilba- Boque; Dra Jennifer Roamar Doctors
	2.4 If positive, enroll the patient to NTP Nurse	None	20 minutes	Romina Bautista; Wilson Uy; Rhina Rea Padura; Mary Laine Martinez



3. Receive the medicine	Issue the TB medicine supply band and provide instructions of intake	None	5 minutes	Romina Bautista; Wilson Uy; Rhina Rea Padura; Mary Laine Martinez
TOTAL		None	2 days, 37 minutes	

NOTE: All TB patients enrolled will undergo the HIV testing for free at Imus Reproductive and Wellness Center (Velarde Health Center)

8. ISSUANCE OF ANTI-LEPROSY MEDICINES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST C	F REQUIREMENTS		WHERE TO SECUR	RE
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any va	lid I.D.	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the information being asked	Gather the background information and medical history of the patient	None	3 minutes	Romina Bautista; Wilson Uy; Rhina Rea Padura; Mary Laine Martinez
2. Undergo the examination	2.1 Examine the patient for signs and symptoms of leprosy and conduct laboratory examination	None	30 minutes	Romina Bautista; Wilson Uy; Rhina Rea Padura; Mary Laine Martinez
	2.2 Enroll the patient for multi-drug therapy and provide lecture to the patient	None	10 minutes	Romina Bautista; Wilson Uy; Rhina Rea Padura; Mary Laine Martinez
	Fill-out Client Satisfac	tion Rating Form		
	TOTAL	None	43 minutes	



9. ISSUANCE OF HEALTH-RELATED CERTIFICATIONS (BURIAL TRANSFER AND EXHUMATION PERMIT, CERTIFICATE OF POTABILITY AND MEDICAL CERTIFICATE FOR VARIOUS PURPOSES)

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE	For death occurred in Imus (Burial Transfer and		II business establishmen	its in Imus (Certificate of
SERVICE	Potability); All residents of Imus (Medical Certificate)			
	T OF REQUIREMENTS		WHERE TO SECUR	RE
	Burial Transfer and Exhumation Permit)	City Civil Registrar's O	ffice	
Latest Physical and Chemical Test of Potability)	and Microbiological Test Result (for Certificate	Respective Laboratory		
Accomplished Medical Certificate F	Form from Tricycle Regulatory Unit (for	Tricycle Regulatory Un	it	
Certificate of Tricycle Franchise) –	For Sanitary Inspectors			
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the requirements	1. Assess the requirements	None	3 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Sanitary Inspectors Dra. Maria Rossini de Ausen; Dra. Ma. Rhodora Coronado; Dra. Noralyn del Mundo; Dra. Gelyn Golamco; Dra. Cherie Lyn Tumilba- Boque; Dra. Jennifer Roamar Doctors
2. Undergo medical examination	2.1 Conduct medical examination (for Medical Certificate)	None	10 minutes	Dra. Maria Rossini de Ausen;

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				Dra. Ma. Rhodora Coronado; Dra. Noralyn del Mundo; Dra. Gelyn Golamco;
				Dra. Cherie Lyn Tumilba- Boque; Dra Jennifer Roamar Doctors
	2.2 Process the request	None	5 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Sanitary Inspectors
3. Receive the document	3. Release the document	None	2 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Sanitary Inspectors Dra. Maria Rossini de Ausen; Dra. Ma. Rhodora Coronado; Dra. Noralyn del Mundo; Dra. Gelyn Golamco; Dra. Cherie Lyn Tumilba- Boque; Dra Jennifer Roamar Doctors
	Fill-out Client Satisfac	tion Rating Form		
	TOTAL	None	20 minutes	

10. ISSUANCE AND RENEWAL OF SANITARY PERMIT

OFFICE OR DIVISION	City Health Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2B – Government to Business				
WHO MAY AVAIL THE	All business establishments in Imus				
SERVICE					
CHECKLIS	T OF REQUIREMENTS	WHERE TO SECURE			
For New Applications		-			
Accomplished Business Assessme		Business Permits and Licensing Office			
•	cal Examination (for food establishment and	Water testing laboratory			
water station)					
-original					
•	Analysis Examination for food establishment	Water testing laboratory			
and water station					
-original	and Pales and an income for the first state of the second state of	O'C 11 alth Office			
	stablishment and water station, salon and spa	City Health Office			
-original	-I	Department of Health (DOH) Associated Laboratory			
Urinalysis (1 month validity)- origin		Department of Health(DOH) Accredited Laboratory			
Fecalysis (1 month validity)- origin		Department of Health(DOH) Accredited Laboratory			
Chest Xray (6 months validity)- original		Department of Health(DOH) Accredited Laboratory			
Drug Test (1 year validity)- original Pest Control Certification		Department of Health(DOH) Accredited Laboratory			
	e (3) months (proof that the establishment is	Any pest control services			
already inspected)	e (3) months (proof that the establishment is	City Health Office			
For Renewal Applications					
Accomplished Business Assessme	int Form	Business Permits and Licensing Office			
	mination (for food establishment and water	Respective Laboratory			
station) Monthly test from January		Trespective Laboratory			
	ation of employees - two (2) results within the	Respective Clinics			
year with a six months interval	and the (2) reduce within the	Troopsoure omnou			
,	stablishment and water station, salon and spa	City Health Office			
-original	The state of the s	3.7.			
Urinalysis (1 month validity)- origin	al	Department of Health(DOH) Accredited Laboratory			
Fecalysis (1 month validity)- origin		Department of Health(DOH) Accredited Laboratory			
, , , , , , , , , , , , , , , , , , ,					



Chest Xray (6 months validity)- original	ginal	Department of Health(DOH) Accredited Laboratory		
Drug Test (1 year validity)- original		Department of Health(DOH) Accredited Laboratory		
Previous Sanitary Clearance		City Health Office		
Pest Control Certification		Any pest control service	es	
•	Contractor (for health care facility-Disposal of	Client		
infectious waste)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present the requirements	1.1 Assess the requirements	None	3 minutes	Felisa delos Santos;
				Ruben Añonuevo Jr;
				Liana Erica Baloy;
				Bernie Reyes;
				Arnold Sanchez
	1.2 Process the request	None	3 minutes	Sanitary Inspectors
2. Receive the document	Release the document	None	2 minutes	Felisa delos Santos;
				Ruben Añonuevo Jr;
				Liana Erica Baloy;
				Bernie Reyes;
				Arnold Sanchez
				Sanitary Inspectors
	Fill-out Client Satisfac	ction Rating Form		
	TOTAL	None	43 minutes	

NOTE: All business establishments undergo the site inspection beforehand and receive the Sanitary Clearance to be presented during the application and renewal of Sanitary Permit.



11. ISSUANCE OF HEALTH CERTIFICATE FOR NON- FOOD HANDLER- EMPLOYMENT PURPOSES ONLY

OFFICE OR DIVISION	City Health Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All employed individuals in the City of Imus				
	OF REQUIREMENTS		WHERE TO SECUR	RE	
	of Health (DOH) Accredited Laboratories	From DOH Accredited	Laboratories		
 Results of Fecalysis 					
 Results of Chest X-ray 					
 Results of Urinalysis 					
 Results of Drug Test 					
Vaccination Card		Client			
One (1) Government Issued or any v	/alid I.D.	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present the requirements	2. Verify the submitted requirements and	None	5 minutes	Felisa delos Santos;	
	refer to the City Treasurer's Office for the			Ruben Añonuevo Jr;	
	payment			Liana Erica Baloy;	
				Bernie Reyes;	
				Arnold Sanchez	
				Sanitary Inspectors	
2. Claim the Order of Payment	2. Issue Order of Payment	None	2 minutes	Felisa delos Santos;	
				Ruben Añonuevo Jr;	
				Liana Erica Baloy;	
				Bernie Reyes;	
				Arnold Sanchez	
0.0		DI 400.00	45	Sanitary Inspectors	
3. Pay the required fee	3. Accept the payment and issue an Official	Php 130.00	15 minutes	City Treasurer's Office	
4. Receive the document	Receipt (O.R.) 4. Release the document	Nama	4	(Windows 8 and 9)	
4. Receive the document	4. Release the document	None	1 minute	Felisa delos Santos;	
				Ruben Añonuevo Jr; Liana Erica Baloy;	
				Bernie Reyes;	
				Arnold Sanchez	
				Allghem Bryan Madriaga	
				Edward Zeus Apao	
				Marlo Ibabao	
	NO.			เขเสเบ เมสมสบ	

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			Rica Rivera Ricardo Santarin Sanitary Inspectors
Fill-out Client Satisfact	ion Rating Form		
TOTAL	Php 130.00	23 minutes	



12. ISSUANCE OF HEALTH CERTIFICATE FOR FOOD HANDLERS- EMPLOYMENT PURPOSES ONLY

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE	All employed individuals in the City of Imus			
SERVICE				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Health Certificate from Department of Health (DOH) Accredited Laboratories		From DOH Accredited Laboratories		
 Results of Fecalysis 				
 Results of Chest X-ray 				
 Results of Urinalysis 				
Results of Drug Test				
Vaccination Card		Client		
One (1) Government Issued or any valid I.D.		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present the requirements	Verify the submitted requirements	None	5 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Alghem Bryan Madriaga Edward Zeus Apao Marlo Ibabao Rica Rivera Ricardo Santarin
2. Attend the lecture	2. Handing out leaflet and discuss Food Safety	None	10 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Alghem Bryan Madriaga Edward Zeus Apao Marlo Ibabao Rica Rivera Ricardo Santarin

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3. Undergo examination 3. Conduct Food safety examination None 10 minutes 4. Claim the Order of Payment 4. Issue Order of Payment None 2 minutes 5. Pay the required fee 5. Accept the payment and issue an Official Php 130.00 15 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Alghem Bryan Madriaga Edward Zeus Apao Marlo Ibabao Rica Rivera Ricardo Santarin Felisa delos Santos; Ruben Añonuevo Jr:
5.Pay the required fee 5. Accept the payment and issue an Official Php 130.00 15 minutes	Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Alghem Bryan Madriaga Edward Zeus Apao Marlo Ibabao Rica Rivera Ricardo Santarin Felisa delos Santos;
5.Pay the required fee 5. Accept the payment and issue an Official Php 130.00 15 minutes	Bernie Reyes; Arnold Sanchez Alghem Bryan Madriaga Edward Zeus Apao Marlo Ibabao Rica Rivera Ricardo Santarin Felisa delos Santos;
5.Pay the required fee 5. Accept the payment and issue an Official Php 130.00 15 minutes	Arnold Sanchez Alghem Bryan Madriaga Edward Zeus Apao Marlo Ibabao Rica Rivera Ricardo Santarin Felisa delos Santos;
5.Pay the required fee 5. Accept the payment and issue an Official Php 130.00 15 minutes	Alghem Bryan Madriaga Edward Zeus Apao Marlo Ibabao Rica Rivera Ricardo Santarin Felisa delos Santos;
5. Pay the required fee 5. Accept the payment and issue an Official Php 130.00 15 minutes	Edward Zeus Apao Marlo Ibabao Rica Rivera Ricardo Santarin Felisa delos Santos;
5.Pay the required fee 5. Accept the payment and issue an Official Php 130.00 15 minutes	Marlo Ibabao Rica Rivera Ricardo Santarin Felisa delos Santos;
5.Pay the required fee 5. Accept the payment and issue an Official Php 130.00 15 minutes	Rica Rivera Ricardo Santarin Felisa delos Santos;
5. Pay the required fee 5. Accept the payment and issue an Official Php 130.00 15 minutes	Ricardo Santarin Felisa delos Santos;
5. Pay the required fee 5. Accept the payment and issue an Official Php 130.00 15 minutes	Felisa delos Santos;
5. Pay the required fee 5. Accept the payment and issue an Official Php 130.00 15 minutes	
	Liana Erica Baloy;
	Bernie Reyes;
	Arnold Sanchez
	Alghem Bryan Madriaga
	Edward Zeus Apao
	Marlo Ibabao
	Rica Rivera
	Ricardo Santarin
	City Treasurer's Office
Receipt (O.R.)	(Windows 8 and 9)
Indestpt (ema)	(**************************************
6. Receive the document 6. Release the document None 1 minute	Felisa delos Santos;
	Ruben Añonuevo Jr;
	Liana Erica Baloy;
	Bernie Reyes;
	Arnold Sanchez
	Alghem Bryan Madriaga
	Edward Zeus Apao
	Marlo Ibabao
	Rica Rivera
	Ricardo Santarin
	Sanitary Inspectors
Fill-out Client Satisfaction Rating Form	
TOTAL Php 130.00 43 minutes	



13. PROVIDE HIV TESTING AND SATELLITE TREATMENT HUB

OFFICE OR DIVISION City Health Office				
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any v	alid I.D.	Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Provide the information being asked	Interview the patient and conduct pre-test counseling	None	30 minutes	Dr. Ferdinand Mina; Romina Bautista; Rhina Rea Padura; Wilson Uy;; Mary Laine Martinez Nheafe Reden Redruco HIV Counselors
2. Undergo HIV Testing	2.1 Conduct HIV Testing	None	40 minutes	Armand Lasquete
	2.2 Conduct post-test counseling (if positive)	None	15 minutes	Dr. Ferdinand Mina; Romina Bautista; Rhina Rea Padura; Wilson Uy; Mary Laine Martinez Nheafe Reden Redruco HIV Counselors
Receive treatment	Provide treatment	None	15 minutes	Dr. Ferdinand Mina
	Fill-out Client Satisfac	tion Rating Form		-
	TOTAL	None	1 hour, 40 minutes	

NOTE: You can avail the service at Imus Reproductive and Wellness Center located at Velarde Health Center



14. PROVIDE ANTI-RABIES VACCINATION

OFFICE OR DIVISION	City Health Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All residents of Imus				
CHECKLIST	T OF REQUIREMENTS WHERE TO SECURE			RE	
Barangay Clearance		Respective Barangay			
One (1) Government Issued or any v	alid I.D.	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Provide the information being asked	Interview and record the vital signs of the patient	None	5 minutes	Romina Bautista Arlene Angeles Aprilyn Villas Cecil Balingit-Lacbayen Nheafe Reden Redruco	
2. Undergo the physical examination	2. Assess the patient and conduct physical examination and categorization	None	15 minutes	Dr. Ferdinand Mina; Dra. Gelyn Golamco Dra. Ma. Rhodora Coronado; Dra. Maria Rossini M. De Ausen Dra. Noralyn Del Mundo Dra. Jennifer Roamar Dra. Cherie Lyn Tumilba- Boque	
3. Receive anti-rabies vaccination	3. Provide anti-rabies vaccination	None	5 minutes	Romina Bautista Arlene Angeles Aprilyn Villas Cecil Balingit-Lacbayen Nheafe Reden Redruco	
4 Get the details of next schedule	4. Give the date of next follow-up visit	None	1 minute	Romina Bautista Arlene Angeles Aprilyn Villas Cecil Balingit-Lacbayen Nheafe Reden Redruco	
Fill-out Client Satisfaction Rating Form					

TOTAL	None	26 minutes	
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NOTE: In cases where there is no available anti rabies vaccine, the patient will be referred to other public or private clinics that can accommodate their needs.

15. PROVIDE MATERNAL CARE SERVICES

OFFICE OR DIVISION	City Health Office				
CLASSIFICATION	Highly-Technical				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All residents of Imus				
	OF REQUIREMENTS		WHERE TO SECUR	RE	
Barangay Clearance		Respective Barangay			
One (1) Government Issued or any va		Client			
Existing Home-based Mother Record		Barangay Health Cent			
Attended at least three (3) sessions of Health Centers)	ttended at least three (3) sessions of Pre-natal Examination (held at Barangay ealth Centers) Barangay Health Centers				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Provide the information being asked	Interview and assess the patient	None	5 minutes	Birthing home 1: Midwife on duty	
2. Undergo the physical examination	2. Record the vital signs of the patient and conduct physical examination	None	15 minutes	Birthing home 1: Midwife on duty	
3. Deliver the baby	3.1 Monitor the progress (for true labor) and deliver the baby				
	3.2 Observe the patient and the baby (after delivery)	None	2 hours		
4. Pay the required fees	4. Receive the payment.	Refer to 2008 Revenue Code	5 minutes	Birthing home 1: Midwife on duty	
5. Discharge at the birthing home and receive medicines and post-discharge instruction	5. Discharge the patient with take home medicines and post-discharge instructions				
	Fill-out Client Satisfac	tion Rating Form			
	TOTAL	None	2 days		

NOTE: For emergency, the Birthing Home will cater to the needs of the patient regardless of its residency



16. PROVIDE NEWBORN SCREENING

OFFICE OR DIVISION	City Health Office				
CLASSIFICATION	Highly-Technical				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All newborn delivered after 24 hours				
CHECKLIST	FOF REQUIREMENTS		WHERE TO SECURI		
Barangay Clearance of mother/guar	rdian	Respective Barangay			
One (1) Government Issued or any	valid I.D. of mother/guardian	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Provide the information being	1.1 Interview and assess the patient	None	2 minutes	Birthing Home 1:	
asked				Midwife on duty	
	1.2 Record the vital signs of the patient and	None			
	conduct physical examination		2 minutes		
		None			
			2 minutes		
	1.3 Fill out newborn screening filter card			5	
	2. A small blood sample is taken on baby's	None	5 minutes	Birthing Home 1:	
	heel and placed on newborn screening filter			Midwife on duty	
	card.	DI :		Bi di di	
3. Pay the required fees	3. Receive the payment.	Philhealth	2 minutes	Birthing Home 1:	
		Dependent who is born		Midwife on duty	
		in Imus Birthing			
		home 1 -			
		None			
		INOLIG			
		Born in			
		other birthing			
		home facility-			
		Php 1,800.00			
	Fill-out Client Satisfaction Rating Form				
	TOTAL	Php 1,800.00	13 minutes		



17. PROVIDE NUTRITIONAL SERVICES

OFFICE OR DIVISION	City Health Office				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE All residents of Imus with age 0-59 months					
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
None		N/A			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Provide the information being	1. Fill up the OPT Form	None	5 minutes	Barangay Nutrition Scholar	
asked				(BNS)	
2. Undergo the weighing and	2.1 Record the actual weight and	None	5 minutes	Barangay Nutrition Scholar	
height/length measurement	height/length measurement and submit to			(BNS)	
	the City Nutrition Program Council				
	2.2 Assess the nutritional status	None	15 minutes	Cristina Balana;	
				Andrilita Santiago	
				City Nutrition Program	
0.00	0 0 1 1 1 1 1 1 1			Council	
3. Receive nutritional supplies	3. Provide nutritional supplies (Micro-	None	5 minutes	Cristina Balana;	
(Micro-nutrients and GP Program)	nutrients and GP Program) and instructions			Andrilita Santiago	
and instructions	(for malnourished children)			City Nutrition Program	
	Council				
	Fill-out Client Satisfact	0			
TOTAL None 30 minutes					



18. PROVIDE COVID-19 VACCINATION

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus (AGES5-85)			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE
Birth Certificate and valid ID (for 5-17	7 years old)	Client		
One (1) Government Issued or any v	alid I.D. of Parent/Guardian of 5-17 years old	Client		
Vaccination Card for 2 nd dose / boos	accination Card for 2 nd dose / booster dose Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Provide the data being asked	Check the documents of the client	None	5 minutes	BHW/BNS on duty
2. Undergo the counseling and	2. Provide counseling and watch videos	None	5 minutes	Nurse/Midwife on duty
signing of consent form	about COVID-19 vaccine			
Present the Bayanihan Form	3.1 Check Bayanihan Form	None	2 minutes	Nurse/Midwife on duty
	3.2 Administer Covid-19 Vaccine	None	3minutes	
4.Post Vaccination Instructions	Monitoring and assess for any adverse	None	15 minutes	Nurse/Midwife on duty
	reaction			
	Fill-out Client Satisfac	tion Rating Form		
	TOTAL None 30 minutes			



19. ISSUANCE OF QUARANTINE MEDICAL CERTIFICATE

OFFICE OR DIVISION	City Health Office				
CLASSIFICATION	Highly-Technical				
TYPE OF TRANSACTION	G2C – Government to Citizen	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus that are Clinically Recov	rered COVID patient			
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Barangay Certificate		Barangay Hall			
Monitoring Logsheet		Barangay Hall/Contact	tracer		
Hard copy of RT-PCR or Antigen Re	sult	Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIBL			
Present the requirements	Verify the submitted documents	None	5 minutes	CESU Staff	
2. Received the documents	2. Release of documents	None	1 minutes	CESU Staff	
	Fill-out Client Satisfaction Rating Form				
	TOTAL	None	6 minutes		



20. PROVIDE SWAB TESTING (RT-PCR AND ANTIGEN)

OFFICE OR DIVISION	City Health Office					
CLASSIFICATION	Highly-Technical					
TYPE OF TRANSACTION	G2C – Government to Citizen					
WHO MAY AVAIL THE SERVICE	All residents of Imus that are suspect for COV	/ID; patient for admissio	n or surgery or for medic	cal procedure		
CHECKLIST	OF REQUIREMENTS WHERE TO SECURE					
For RT-PCR						
Manifested with COVID signs and sy	ymptoms	Client				
Doctor's request form		Any physician				
Active Philhealth number		Client				
For Antigen	For Antigen					
Valid ID	Client					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Present the requirements	Verify the submitted documents	None	3 minutes	CESU Staff		
2. Filling-up of forms	2.Checking of filled-up forms	None	5 minutes	CESU Staff		
2.1 ming-up of forms	2.Oneoking of filled-up forms	None	3 minutes	OLOO Stan		
3. Preparing for swabbing	3.Swabbing and preparing the specimen	None	5 minutes	CESU Staff		
4.Waiting for result	4.Waiting for test result and releasing of	None	15 minutes	CESU Staff		
(for antigen test only)	official result					
(101 anagen test only)	Unicial result					
	Fill-out Client Satisfact	tion Rating Form				
	TOTAL	None	28 minutes			



21. ISSUANCE OF VACCINE CERTIFICATE

OFFICE OR DIVISION	City Health Office				
CLASSIFICATION	Simple	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All residents of Imus and other client who we	re vaccinated in the City	of Imus		
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE	
Vaccination Card		Client			
Valid ID		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present the requirements	Verify the submitted documents	None	3 minutes	Vaccination Hub Staff	
2. Received the documents	2. Release of documents	None	1 minute	Vaccination Hub Staff	
3. Present documents to CESU	3. Signing and for Dry Seal	None	1 minute	CESU Staff	
Fill-out Client Satisfaction Rating Form					
	TOTAL None 5 minutes				



22. ADOLESCENT HEALTH AND DEVELOPMENT PROGRAM

OFFICE OR DIVISION	City Health Office				
CLASSIFICATION	Highly-Technical				
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL THE SERVICE	All adolescents and teenage pregnant				
CHECKLIST O	F REQUIREMENTS	WHERE TO SECURE			
Referral letter from Midwife / Schools	letter from Midwife / Schools City Health Office				
Any Valid ID		Client			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Get queueing number	1. Give number	None	1 minutes	AFHF Coordinator (CHO 1, 2 & 3)	
2. Filling – up forms	Initial interview/assessment data gathering and physical diagnosis	None	5 minutes	AFHF Coordinator (CHO 1, 2 & 3)/ Dr. Gelyn G. Golamco Dr. Rhodora Coronado Dr. Cherrie Lyn S. Tumilba-Boque	
3. Adolescent undergoes assessment and counselling	3. Do HEEEADSSS (home, education, employment, eating, activity, drugs, sexuality, safety, suicide)	None	15 minutes	AFHF Coordinator (CHO 1, 2 & 3)	
4. Provision of Medical Assessment and management	4. Patient interview, physical exam, request laboratory if needed and managed the case seen	None	20 minutes	Dr. Gelyn G. Golamco Dr. Rhodora Coronado Dr. Cherrie Lyn S. Tumilba-Boque	
5. Secure family planning counselling and service	5. Counselling on safe motherhood and responsible parenthood	None	10 minutes	BHS Midwives / AFHF Coordinator (CHO 1, 2 & 3)	
6. Secure referral form for further evaluation and management to teenaged pregnant	6. Refer client to teen parent clinic or accredited level 3 hospital	None	2 minutes	AFHF Coordinator (CHO 1, 2 & 3)	
7. Get the details of next schedule	7. Give the date of next follow-up visit	None	1 minute	AFHF Coordinator (CHO 1, 2 & 3)	
		sfaction Rating Form			
	TOTAL	None	54 inutes		



23. CONDUCT ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST (ASSIST)

OFFICE OR DIVISION		City Health Office			
CLASSIFICATION		Highly-Technical			
TYPE OF TRANSACTION		G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE Persons who use drugs (PWUDs)					
CHECKLIST OF	REQU	IREMENTS		WHERE TO SECU	RE
Endorsement Letter			Respective Baran	gay	
Drug Test Result			Client		
CLIENT STEPS	AGENCY ACTION		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Provide the requirements being asked	Check the documents of the client		None	2 minutes	Trained Screeners: Aprilyn Villas,RN Wilson Uy, RN
2. Undergo Screening	Conduct screening using SRQ and (ASSIST) Tool		None	15 minutes	Trained Screeners: Aprilyn Villas,RN Wilson Uy, RN
3. Received the documents	3. Issuance of the result and referral to treatment		None	3 minutes	Trained Screeners: Aprilyn Villas,RN Wilson Uy, RN
		Fill-out Client Satisfaction Ra	ting Form		
		TOTA	L None	20 minutes	



24. CONDUCT DRUG DEPENDENCY EXAMINATION (DDE)

OFFICE OR DIVISION	City Health Office					
CLASSIFICATION	Highly-Technical					
TYPE OF TRANSACTION	G2C – Government to Citizen					
WHO MAY AVAIL THE SERVICE	Persons who use drugs (PWUDs)					
	OF REQUIREMENTS		WHERE TO SECU	RE		
ASSIST Tool Result (Severe)		Trained Screeners				
If from Court Order: Recommendation	on Letter from RTC	Regional Trial Cour	rt			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Provide the requirements being ask	1. Check the documents of the client	None	2 minutes	Accredited Physician: Maria Rossini M. De Ausen, M.D.		
2. Undergo signing of consent form	2. Provide Consent Form	None	5 minutes	Accredited Physician: Maria Rossini M. De Ausen, M.D.		
Undergo Drug Dependency Examina	ation 3. Conduct Drug Dependency Examination	None	1 hour	Accredited Physician: Maria Rossini M. De Ausen, M.D.		
4. Received the documents	Issuance of Drug Dependency Examination Result	None	5 minutes	Accredited Physician: Maria Rossini M. De Ausen, M.D.		
	Fill-out Client Satisfaction	n Rating Form				
	. None	1 hour and 12 minutes				



CITY OF IMUS MOLECULAR LABORATORY

EXTERNAL SERVICES



1. COVID-19 TESTING BY RT-PCR METHOD FOR OUTPATIENTS

COVID-19 RT-PCR is a reverse transcription polymerase chain reaction (RT-PCR) for the detection of RNA from SARS-CoV-2 in respiratory samples (oropharyngeal and/or nasopharyngeal) collected from individuals with symptoms or other reasons to suspect COVID-19.

nus Molecular Laboratory					
Simple					
G2C - Government to Citizen					
IREMENTS		WHERE TO SECUR	E		
	Requesting Physician or	r Referring facility			
	Imus Molecular Laborate	ory			
	Imus Molecular Laborate	ory			
avail Philhealth benefits: Annex E	Imus Molecular Laborate	ory			
			*		
	Cashier				
atient and Valid ID of authorized	Patient or authorized representative				
		PROCESSING TIME	PERSON RESPONSIBLE		
	None	30 minutes	Medical technologists		
pased on the completeness of data.			Administrative Officer/		
			Administrative Assistant		
and the state of the second state of the secon	Number	Defeated a sign of	DL III Id		
	None		Philhealth		
lealth COVID-19 benefits.					
	Niere	` ` `	A desirate to Office of		
	None	10 minutes	Administrative Officer/ Administrative Assistant		
			Cashier		
y area.			Casillei		
eive the navment and issue an	None for eligible	5 minutes			
		0 1111110100			
eceint	Philhealth members				
eceipt.	Philhealth members				
		Requesting Physician o Imus Molecular Laborat	Requesting Physician or Referring facility Imus Molecular Laboratory Imus Molecular Laboratory Imus Molecular Laboratory Cashier Patient or authorized representative AGENCY ACTION Evive the required documents and based on the completeness of data. Pess if the patient is eligible to avail ealth COVID-19 benefits. In the patient of Philhealth (stop time) The patient of Philhealth (stop time)		



		PHP 2,000 if not a eligible for Philhealth and for non Philhealth		
		members		
		PHP 800 if group of five and wanted to avail pooled testing		
3. Proceed to the swab booth for the	3.1 Receive all the documents, verify, and	None	10 minutes	Medical Technologist
collection of samples.	instruct the patient on the process of sample collection.			Pathologist Laboratory Clerk Laboratory Alde
	3.2 Perform a swab collection and label all the samples with patient's information, date and time of specimen collection and other relevant details.	None	15 minutes	
	3.3 Instruct the patient on the process of releasing results.	None	5 minutes	
	3.4 Bring samples to the reception area of City of Imus Molecular Laboratory for testing (this is done after all the patients on queue are done with the procedure).	None	30 minutes	
	3.5 Receive the samples and endorse it to the processing area for COVID-19 testing by RT-PCR method.	None	30 minutes	
	3.6 Perform COVID-19 testing by rt-pcr.			
	3.7 Verify the test result.	None	12 hours	
		None	4 hours	



	3.8 Encode the official result and submit a report to the Department of Health.	None	2 hours			
4.1 Claim the result at the reception area of City of Imus Molecular Laboratory; or	payment (if any), proof of identification/authorization letter and release the copy of the result to the patient.	None	10 minutes	Medical Technologist		
4.2 Inquire and claim the result via electronic mail	4.2 Reply to patient's inquiry and ask for proof of payment (if any), proof of identification/authorization letter and release the e-copy of the result to the patient.	None				
Fill-out Client Satisfaction Rating Form						
	TOTAL	Based on assessment	24 hours			



2. COVID-19 TESTING BY RT-PCR METHOD FOR OTHER REFERRING FACILITIES

COVID-19 RT-PCR is a reverse transcription polymerase chain reaction (RT-PCR) for the detection of RNA from SARS-CoV-2 in respiratory samples (oropharyngeal and/or nasopharyngeal) submitted and collected by the referring facilities from individuals with symptoms or other reasons to suspect COVID-19.

OFFICE OR DIVISION	City of Imus Molecular Laboratory					
CLASSIFICATION	Simple transaction					
TYPE OF TRANSACTION	G2C - Government to Citizen					
WHO MAY AVAIL THE SERVICE	All					
CHECKLIST OF REQUIREMENTS WHERE TO SECURE						
* For Examination						
Sample linelist		Requesting Physician of				
Laboratory Request Form		Imus Molecular Labora				
Case Investigation Form (CIF)		Imus Molecular Labora	•			
	ligible to avail Philhealth benefits: Annex E	Imus Molecular Labora	tory			
and Philhealth ID						
* For Releasing of Results						
Official receipt (if any)		Cashier				
	the patient and Valid ID of authorized	Patient or authorized representative				
	representative					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Present and submit the required	1. Receive the required documents and	None	60 minutes	Medical technologists		
documents with complete patient's	inspect based on the completeness of data.			Administrative Officer/		
data to the reception area of City of	4.4. Appears if the metions in climible to eval	Nama	Refer to the citizen	Administrative Assistant		
Imus Molecular Laboratory.	1.1 Assess if the patient is eligible to avail the Philhealth COVID-19 benefits.	None	charter of Philhealth			
	the Philitealth COVID-19 benefits.		(stop time)			
2.1 Present the forms to the cashier	2.1 Verify patients and request information	None	10 minutes	Administrative Officer/		
booth for checking of Philhealth	and instruct the courier to proceed to the	None	10 minutes	Administrative Officer		
documents.	reception area.			Cashier		
accamente.	Toophon aroa.			Guerner		
2.2 If not eligible for Philhealth, pay	2.2 Receive the payment and issue an	None for eligible	5 minutes			
the amount indicated.	official receipt.	Philhealth members				
	'					
		PHP 2,000 if not a				
		eligible for Philhealth				
		and for non				
		Philhealth members				

, CITY OF IMUS

		PHP 800 if group of five and wanted to avail pooled testing		
3. Proceed to the reception area of City of Imus Molecular Laboratory and present the proof of payment (if any).	3.1 Receive the samples and endorse it to the processing area for COVID-19 testing by RT-PCR method.	None	30 minutes	Medical Technologist Pathologist Laboratory Clerk Laboratory Alde
urry).	3.2 Perform COVID-19 testing by rt-pcr.	None	12 hours	Laboratory / tide
	3.3 Verify the test result.	None	4 hours	
	3.4 Encode the official result and submit a report to the Department of Health.	None	2 hours	
	3.5 Send the official result to the email address of the referring facility.	None	30 minutes	
4.1 Claim the result at the reception area of City of Imus Molecular Laboratory;	4.1 Print the official result, ask for proof of payment (if any), proof of identification/authorization letter and release the copy of the result to the patient.	None	10 minutes	Medical Technologist Laboratory Clerk
4.2 Inquire and claim the result via electronic mail	4.2 Reply to patient's inquiry and ask for proof of payment (if any), proof of identification/authorization letter and release the e-copy of the result to the patient.	None		
	TOTAL	Based on assessment	24 hours	



OSPITAL NG IMUS EXTERNAL SERVICES



1. PAGPROSESO NG ADMISYON NG PASYENTE

Ang Admitting Department ay ang nagproproseso ng admisyon ng pasyente mula sa Emergency Department, maging ang Direct Admission hanggang sa Nursing Ward. Ito ay inaasahang makapaghatid ng kalidad na serbisyo mula sa admisyon ng pasyente hanggang ito ay makalabas ng Ospital ng Imus. Maipaalam at maipaintindi ng maayos sa mga pasyente at kamag-anak nito ang kanilang mga karapatan at responsibilidad habang sila ay nasa ospital.

OPISINA o DIBISYON		Ospital ng Imus - Admitting Department			
KLASIPIKASYON		Simple			
URI NG TRANSAKSYON		G2C - Government to Citizen	ens; G2G – Government to Government		
SINO ANG NANGANGAILANG	AN NG	Lahat			
TSEKLIST NG	KAILANGANG DO	KUMENTO		SAAN MAKUKU	HA
Patient Data Sheet			Admitting Department		
Patient Informed Consent			Admitting Department		
Patient's Companion Consent Fo	rm		Admitting Department		
COVID Ward Waiver Form			Admitting Department		
Admission Slip			Emergency Departmen	nt	
Government Issued ID o Valid ID			Pangasiwaan/ Ahensya	a ng Gobyerno na nag	bibigay ng Valid ID
Resulta ng Rapid Antigen Test			Laboratory Department	t	
HAKBANG NG KLIYENTE	AKSY	ON NG AHENSYA	HALAGA NG	TAGAL NG	TAONG NAKATALAGA
			BABAYARAN	AKTIBIDAD	
Pumunta sa Admitting Department para asikasuhin ang admisyon ng pasyente dala ang Admission Slip nang may		pasyente o kamag-anak nito kanilang maaaring paglagyan	Wala	2 minuto	Henry S. Barbon Minnie Grace R. Villena Danica C. Medina Ruth Joie S. Samson
kumpletong detalye na manggagaling sa Emergency Department.	ipaalam na may	Ward Nurse on duty upang ia-admit na pasyente at tamang kwarto ng pasyente.	Wala	1 minuto	Marina Medel R. Cuevas Admitting Department
	1.3 Tawagan ang Nurse sa Emergency Department upang ipaalam ang kwartong pagaadmitan ng pasyente.1.4 Alamin ang mga pangunahing impormasyon ng pasyente at i-encode sa system o Bizbox para sa Patient Data Sheet (PDS).		Wala	1 minuto	
			Wala	15 minuto	
	sa Companion's	litrato ang magbabantay para ID kasabay ng pagkuha ng panion para sa pag-iingat na	Wala	1 minuto	

2. Magbigay ng isang (1) Government Issued o valid ID.	maibalik ang Companion's ID sa Admitting Department sa oras ng pag-discharge ng pasyente o pagpapalit ng magbabantay. 2. Tiyakin ang mga kailangang impormasyon base sa ID na ibinigay.	Wala	1 minuto	Henry S. Barbon Minnie Grace R. Villena Danica C. Medina Ruth Joie S. Samson Marina Medel R. Cuevas Admitting Department
3. Punan ang mga detalyeng hinihingi sa Admitting Form. Basahin, intindihin at pirmahan ang Patient Informed Consent, Patient's Companion Consent Form at COVID Ward Waiver Form para sa admisyon ng pasyente (maaaring ang magbabantay o alinmang kamag-anak na nasa tamang edad ang pumirma kung hindi kaya ng mismong pasyente.	3. Ipaliwanag ng maayos at malinaw ang mga Consent Forms ng pasyente at ng magbabantay para sa admisyon nito.	Wala	15 minuto	Henry S. Barbon Minnie Grace R. Villena Danica C. Medina Ruth Joie S. Samson Marina Medel R. Cuevas Admitting Department
4. Ipagbigay alam sa Admitting Personnel kung may Philhealth o wala ang pasyente.	4. Tanungin kung may Philhealth o wala ang pasyente. Papuntahin ang pasyente o kamaganak sa Benefits Section para maberipika at malaman ang proseso ng Philhealth at ang mga dapat gawin.	Wala	1 minuto	Henry S. Barbon Minnie Grace R. Villena Danica C. Medina Ruth Joie S. Samson Marina Medel R. Cuevas Admitting Department
5. Bumalik sa Admitting Department at tanggapin ang Patient Data Sheet, Admission Kit at Patient ID Band at ang mga napirmahang Patient Informed Consent, Patient's Companion Consent Form at COVID Ward Waiver. Ito ay	Kit at Patient ID Band, at ang mga napirmahang	Wala	1 minuto	Henry S. Barbon Minnie Grace R. Villena Danica C. Medina Ruth Joie S. Samson Marina Medel R. Cuevas Admitting Department



ibibigay sa Nurse on duty sa					
Emergency Department.					
Sagutan ang Client Satisfaction Rating Form					
	KABUUAN	Wala	38 minuto		

2. BEREPIKASYON NG ESTADO O KALAGAYAN NG PHILHEALTH MEMBERSHIP

Pag-alam sa estado o kalagayan ng Philhealth Membership sa pamamagitan ng Philhealth Portal upang malaman kung maaaring mabigyan ng benepisyo ang pasyente ng nasabing ahensya.

and pasyonic ng nasabing anonsy	ı u.					
OPISINA o DIBISYON Ospital ng Imus – Benefits			Section			
KLASIPIKASYON	KLASIPIKASYON Simple					
URI NG TRANSAKSYON		G2C - Government to Citize	en			
SINO ANG NANGANGAILANGA	AN NG SERBISYO	Mga kasapi o miyembro ng	PhilHealth o kumakataw	an sa kanila		
TSEKLIST NG	KAILANGANG DOK			SAAN MAKUKU	JHA	
Philhealth ID			PhilHealth - Local Hea	alth Insurance Office		
Member's Data Record (MDR) no	g miyembro		PhilHealth - Local Hea	alth Insurance Office		
Government Issued ID ng miyem			Pangasiwaan/ Ahensya	a ng Gobyerno na nag	bibigay ng Valid ID	
HAKBANG NG KLIYENTE	AKSYON NG AHENSYA		HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
Ipasa ang PhilHealth ID, Member's Data Record (MDR) o Government Issued ID (alin man sa tatlo) ng miyembro.	beripikahin sa PhilHealth Portal.		Wala	1 minuto	Clerk I Administrative Assistant II Administrative Officer I Benefit Section	
		Philheath Portal at hanapin Philhealth number ng	Wala	7 minuto		
2. Tanggapin ang resulta ng berepikasyon at makinig sa paliwanag ng Philhealth Personnel.	ipaliwanag sa kliy Kapag ang resulta maaaring gamitin a	esulta ng berepikasyon at rente ang nilalaman nito. a ay nagsasaad na hindi ng benepisyo, ipaalam ang vin ayon sa Philhealth.	Wala	5 minuto	Clerk I Administrative Assistant II Administrative Officer I Benefit Section	
·	Sagutan ang Client Satisfaction Rating Form					
	KABUUAN	Wala	13 minuto			



3. PAGPROSESO NG PHILHEALTH INSURANCE BENEFIT

Pagproseso ng mga dokumento at kailangang impormasyon ng pasyente upang magamit ang inilaan na benepisyo ng Philhealth base sa pagsusuri na isinagawa ng doktor.

isinagawa ng doktor.					
OPISINA o DIBISYON	Ospital ng Imus – Benefits S	Section			
KLASIPIKASYON	KLASIPIKASYON Simple				
URI NG TRANSAKSYON		G2C – Government to Citize	ens		
SINO ANG NANGANGAILANGAN NG	SERBISYO	Mga kasapi o miyembro ng	PhilHealth o kumakatav	van sa kanila	
TSEKLIST NG KAILA	NGANG DOK	UMENTO		SAAN MAKUKU	JHA
Claim Signature Form (CSF)			Ospital ng Imus - Bene	fits Section	
Claim Form 2 (CF2)			Ospital ng Imus - Bene	fits Section	
Philhealth Benefit Eligibility			Ospital ng Imus - Bene	fits Section	
Certification of Non-Admission to Other	Hospitals and	Waiver of Liability	Ospital ng Imus - Bene	fits Section	
HAKBANG NG KLIYENTE	AKS	YON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
1. Magtungo sa Benefits Section Window upang punan ang mga kinakailangang dokumento (CSF, CF1, CF2, PBEF at Certification of Non-Admission to Other Hospitals and Waiver of Liability.	mula sa Phill ibigay sa kin	rint ng CSF, CF2 at PBEF nealth Information System at latawan ng pasyente upang ang mga kailangang n.	Wala	7 minuto	Clerk I Administrative Assistant II Administrative Officer I Benefit Section
Kumpletuhin ang mga kailangang impormasyon sa ibinigay na mga dokumento at ibalik sa Benefits Section Personnel. Tingnan kung kumpleto ang mga impormasyon na kailangan at tanggapin ang mga dokumento.		Wala	5 minuto	Clerk I Administrative Assistant II Administrative Officer Benefit Section	
		Sagutan ang Client Satis		1	
	KABUUAN	Wala	12 minuto		



4. PAGTATANONG TUNGKOL SA BILL NG PASYENTE

Ito ay upang malaman kung magkano na ang humigit o kumulang na babayaran ng pasyente.

OPISINA o DIBISYON		Ospital ng Imus - Billing	Section			
KLASIPIKASYON		Simple				
URI NG TRANSAKSYON		G2C – Government to	Citizen			
SINO ANG NANGANGAILANG	AN NG SERBISYO	Pasyente				
TSEKLIST NG H	CAILANGANG DOKU	MENTO		SAAN MAKUKUHA		
Patient Information Slip			Outpatient Department; Emerg	ency Department; Ad	dmitting Department	
Government Issued ID o Valid II)		Pangasiwaan/ Ahensya ng Go	byerno na nagbibigay	y ng Valid ID	
HAKBANG NG KLIYENTE	AKSYON N	IG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
1. Pumunta sa Billing Section ng Ospital upang magtanong tungkol sa kanilang babayarin. Ipakita ang Patient Information Slip o anumang Government Issued o Valid ID ng pasyente.	ng pasyente. Kung wala ito, maaaring		Wala Wala	2 minuto 3 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section	
2. Kuhanin at dalhin ang SOA at suriin ang mga babayaran.	2. Ibigay ang SO anak ng pasyente.	A sa pasyente/kamag-	Wala	1 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section	
			Satisfaction Rating Form	0		
	KABUUAN Wala 6 minuto					



5. PAGPROSESO NG BILL NG PASYENTE (PASYENTE SA EMERGENCY DEPARTMENT)

Ito ay upang makuha ang pinal na babayarin ng pasyente sa Emergency Department at mabayaran sa Cashier.

OPISINA o DIBISYON	, J	Ospital ng Imus - Bil	lling Section				
KLASIPIKASYON Simple							
URI NG TRANSAKSYON		G2C - Government	to Citizen	o Citizen			
SINO ANG NANGANGAILANGA		Ospital ng Imus – Pa	asyente				
TSEKLIST NG KA	ILANGANG DOKUM	ENTO		SAAN MAKUKUHA			
Patient Information Slip			Out Patient Department; Eme				
Government Issued ID o Valid ID			Pangasiwaan/ Ahensya ng Go				
Senior Citizen ID			Local Government Unit - Office				
Person with Disability (PWD) ID			Local Government Unit - Perso				
HAKBANG NG KLIYENTE	AKSYON N	G AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA		
Naabisuhan ang pasyente na maari na siyang umuwi		elepono at abisuhan	Wala	1 minuto	Nurse I		
na maaari na siyang umuwi.		a ang pasyente ay at nai-tag nang May			Emergency Department		
		Hospital Information					
	System (HIS).	1 loopital illioilliation					
	Gyotom (r.i.e).						
	1.2 Suriin ang pro	file ng pasyente. Ang	Wala	2 minuto	Records Officer I		
		wento ay ibibigay sa			Clerk IV		
	mga Senior Citizen	o PWD na pasyente.			Accounting Clerk II		
					Billing Department		
		atement of Account	Wala	1 minuto			
	(SOA) at Itemized B	ill.					
	1.4 Towers		Mole	4 mainsuta			
	1.4 Tawagan	ang Emergency at ipasabi sa	Wala	1 minuto			
	pasyente/kamag-anak na maaari na nilang kunin ang SOA sa Billing Section.						
2. Pumunta sa Billing Section at			Wala	2 minuto	Records Officer I		
ipakita ang Patient Information					Clerk IV		
Slip o Government Issued ID o Hospital Information System (HIS).				Accounting Clerk II			
Valid ID, at ang Senior Citizen	,	• , ,			Billing Department		
ID o PWD ID, anuman ang							
naaangkop.							

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3. Kunin ang SOA.	3. Ibigay ang printed SOA sa pasyente/kamag-anak ng pasyente, papirmahin at papuntahin sa Cashier upang magbayad. Kung walang babayaran sa bill, magbigay ng Patient's Clearance Form at pabalikin sa Emergency Department.	Wala	1 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Department
	KABUUAN	Wala	8 minuto	



6. PAGPROSESO NG BILL NG NAKAADMIT NA PASYENTE

Ito ay upang makuha ang pinal na bill ng nakaadmit na pasyente at mabayaran sa Cashier.

OPISINA o DIBISYON Ospital ng Imus - Billing Sec		ection					
KLASIPIKASYON Simple		Simple					
URI NG TRANSAKSYON G2C – Government to Citize			zen				
SINO ANG NANGANGAILANG	AN NG SERBISYO	Pasyente					
TSEKLIST NG	KAILANGANG DOKU	JMENTO		SAAN MAKUKU	НА		
Professional Fee Form			Ospital ng Imus – Nurs				
Patient Discharge Slip			Ospital ng Imus – Nurs				
Person with Disability (PWD) ID			Local Government Uni		Citizen's Affair		
Senior Citizen ID			Local Government Uni				
HAKBANG NG KLIYENTE	AKSYON	NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA		
Naabisuhan ang pasyente na maaari na siyang umuwi.	Billing Staff na ang	telepono at abisuhan ang pasyente ay handa nang ang May Go Home (MGH) on System (HIS).	Wala	1 minuto	Nurse I Nursing Ward		
	kung tama ang bilan	file ng pasyente at bilangin g ng araw ng kwarto. Ang wento ay ibibigay sa mga O na pasyente.	Wala	3 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section		
Pumunta sa Billing Section upang isumite ang mga kailangang dokumento.	2.1 Tanggapin an Patient Discharge S ID/PWD ID (kung naa 2.2 Berepikahin Professional Fee Fo Information System (g Professional Fee Form, lip at ang Senior Citizen aangkop). kung ang nakasulat sa orm at ang nasa Hospital HIS) na pangalan ng mga	Wala Wala	1 minuto 2 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section		
3. Pumunta sa Benefits Section upang magpasa ng mga kailangang dokumento.	3.1 Kung ang pa papuntahin sa Bene	doktor ay magkatulad. 3.1 Kung ang pasyente ay may Philhealth, papuntahin sa Benefits Section upang isumite ang mga kailangang dokumento.		1 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section		
	3.2 Ibawas ang mg Philhealth.	a angkop na diskwento ng	Wala	2 minuto	-		

IMUS

	4. Isaayos at kumpletuhin ang bill ng pasyente, iprint ang SOA at papuntahin ang pasyente sa Medical Social Service Department.	Wala	1 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section				
upang malaman ang diskwento	5.1 Ibigay ang mga karagdagang diskwento base sa pagsang-ayon ng Medical Social Service Personnel at iprint ang final SOA at itemized bill.	Wala	3 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section				
, and proceeding processing proce	5.2 Ipaliwanag ang lahat ng babayaran. Papirmahin ang pasyente/kamag-anak ng pasyente sa SOA para sa Benefits Section, Cashier at Billing Section.	Wala	4 minuto					
	5.3 Papuntahin ang pasyente/kamag-anak ng pasyente sa Cashier upang magbayad. Kung walang babayaran sa bill, magbigay ng Patient's Clearance Form at pabalikin sa Nursing Ward.	Wala	1 minuto					
	Sagutan ang Client Satisfaction Rating Form							
	KABUUAN	Wala	19 minuto					



7. PAGPROSESO NG BILL SA OUTPATIENT DEPARTMENT NG OPERATING ROOM (OR)/ DELIVERY ROOM (DR)/ HEMODIALYSIS

Ito ay upang makuha ang pinal na bill sa Outpatient Department ng Operating Room/ Delivery Room o Hemodialysis Section na pasyente at mabayaran sa Cashier.

Cashler.						
OPISINA o DIBISYON Ospital ng Imus - B			Billing Section			
KLASIPIKASYON Simple						
URI NG TRANSAKSYON		G2C – Governmer	nt to Citizen			
SINO ANG NANGANGAILAN		Pasyente				
	AILANGANG DOKUME	NTO		SAAN MAKUKUHA		
Professional Fee Form			Ospital ng Imus - Operating Room – Hemodialysis			
Person with Disability (PWD) I	D		Local Government Unit - Persons			
Senior Citizen ID			Local Government Unit - Office of			
HAKBANG NG KLIYENTE	AKSYON NG A		HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
Naabisuhan ang pasyente na maaari na siyang umuwi.	1.1 Tawagan sa telepono at abisuhan ang Billing Staff na ang pasyente ay handa nang pauwiin at nai-tag na nang May Go Home (MGH) sa Hospital Information System (HIS).		Wala	1 minuto	Nurse I OR/DR/Hemodialysis	
	1.2 Suriin ang profile mga angkop na diskwe mga Senior Citizen o F	ento ay ibibigay sa	Wala	3 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section	
Pumunta sa Billing Section upang isumite ang mga kailangang dokumento.		Professional Fee Citizen ID/PWD ID	Wala	1 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section	
	2.2 Berepikahin kung Professional Fee Fo Hospital Information pangalan ng mga dokto	rm at ang nasa System (HIS) na	Wala	2 minuto	<u> </u>	
3. Pumunta sa Benefits Section upang magpasa ng mga kailangang dokumento.	3.1 Kung ang pa Philhealth, papuntah	syente ay may in sa Benefits mite ang mga	Wala	1 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section	

	3.2 Ibawas ang mga angkop na diskwento ng Philhealth. Iprint ang final Statement of Account (SOA) at itemized bill.	Wala	2 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section
4. Bumalik sa Billing Section upang kunin ang pinal na bill.	4.1 Ipaliwanag ang lahat ng babayaran. Papirmahin ang pasyente/kamag-anak ng pasyente sa SOA para sa Benefits Section, Cashier at Billing Section.	Wala	4 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section
	4.2 Papuntahin ang pasyente/kamag- anak ng pasyente sa Cashier upang magbayad. Kung walang babayaran sa bill, magbigay ng Patient's Clearance Form at pabalikin sa OR/ DR o Hemodialysis.	Wala	1 minuto	Records Officer I Clerk IV Accounting Clerk II Billing Section
	Sagutan ang Cli	ent Satisfaction Rating Form	·	
	KABUUAN	Wala	15 minuto	



8. PAGTANGGAP NG BAYAD SA OUTPATIENT NA MGA TRANSAKSYON (PASYENTE SA OUTPATIENT DEPARTMENT)

Ito ay pagtanggap ng bayad para sa gamot, eksaminasyon sa laboratoryo, dayagnostikong proseso, at iba pa sa Outpatient na mga transaksyon.

OPISINA o DIBISYON	za za za gamerou, erro	Ospital ng Imus - Cash Op	perations Department		<u> </u>	
KLASIPIKASYON		Simple	•			
URI NG TRANSAKSYON		G2C - Government to Citi	zens			
SINO ANG NANGANGAILANGAN	NG SERBISYO	Pasyente o Kamag-anak r	ng Pasyente sa Outpatient De	partment		
TSEKLIST NG KA	LANGANG DOKU	IMENTO		SAAN MAKUKUHA		
Alinman sa mga sumusunod:						
Order of Payment Slip			Outpatient Department			
Pharmacy Charge Slip			Pharmacy Department			
Laboratory Charge Slip			Laboratory Department			
Dental Charge Slip			Radiology Department			
X-ray Charge Slip			Radiology Department			
Ultrasound Charge Slip			Radiology Department			
Request			Attending Physician			
Senior Citizen ID			Local Government Unit - Offi			
Persons with Disability (PWD) ID			Local Government Unit - Persons with Disability Affairs Office			
HAKBANG NG KLIYENTE	AKSYO	N NG AHENSYA	HALAGA NG	TAGAL NG	TAONG NAKATALAGA	
			BABAYARAN	AKTIBIDAD		
		ang mga babayarin sa	Wala	2 minuto	Cashier I	
na nakasaad sa alinman sa	•	asaad sa alinman sa			Cash Operations	
sumusunod:	sumusunod:				Department	
-Request	-Request	4.00				
-Order of Payment Slip	-Order of Paymer					
-Pharmacy Charge Slip	-Pharmacy Charg					
-Laboratory Charge Slip	-Laboratory Char					
-Dental Charge Slip	-Dental Charge S					
-X-ray Charge Slip	-X-ray Charge Sli					
-Ultrasound Charge Slip	-Ultrasound Char	ge Siip				
	1.2 Tingnan at ik	ımnara and nakasıılat na	Wala	2 minuto		
	1.2 Tingnan at ikumpara ang nakasulat na halaga sa charge slip at sa presyo na		vvala	Z IIIII I I I I		
nakalagay sa Hospital Information System						
	(HIS).	opila. Illianianon Cyolom				
	(· ·· · · · ·)·					

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	1.3 Kwentahin ang kabuuang halaga ng babayarin.	Wala	2 minuto	
	1.4 Alamin ang rates sa bawat kategorya ng pasyente na maaaring makakuha ng diskwento.	Wala	1 minuto	
2. Para sa diskwento (kung meron), ipakita ang Senior Citizen o PWD ID.	Tanggapin ang mga kaugnay na dokumento para patunayan na ang pasyente ay Senior Citizen o PWD.	Wala	2 minuto	Cashier I Cash Operations Department
3. Magbayad ng kaukulang babayarin.	3. Tanggapin ang bayad, ihanda ang opisyal na resibo at tatakan ng "Paid" ang request form o charge slip.	Base sa halaga ng nakonsumo na gamit, gamot o pasilidad	3 minuto	Cashier I Cash Operations Department
4. Tanggapin ang opisyal na resibo kasama ang request form o charge slip.	4. Sabihan ang pasyente na pumunta kung saan gagawin ang eksaminasyon o kuhanin ang gamot.	Wala	1 minuto	Cashier I Cash operations Department
	KABUUAN	Base sa halaga ng nakonsumo na gamit, gamot o pasilidad	13 minuto	



9. PAGTANGGAP NG BAYAD SA EMERGENCY NA MGA TRANSAKSYON (PASYENTE SA EMERGENCY DEPARTMENT)

Ito ay pagtanggap ng bayad para sa gamot, eksaminasyon sa laboratoryo at dayagnostikong proseso na nagamit o nakonsumo ng pasyente mula sa Emergency Department.

OPISINA o DIBISYON		Ospital ng Imus - Cash Operations Department				
		Simple				
URI NG TRANSAKSYON G2C – Government to Cit			izens			
SINO ANG NANGANGAILANGAN NG	SERBISYO	Pasyente o Kamag-anak r	ng Pasyente sa Emergency De	partment		
TSEKLIST NG KAILA	NGANG DOK	UMENTO		SAAN MAKUKUHA		
Final Statement of Account			Billing Section; Cash Operati			
Government Issued ID o Valid ID			Pangasiwaan/ Ahensya ng G			
Persons with Disability (PWD) ID			Local Government Unit – Per			
Senior Citizen ID			Local Government Unit – Off	ice of the Senior Citiz	en's Affair	
Promissory Note			Cash Operations Departmen			
HAKBANG NG KLIYENTE	AKSY	ON NG AHENSYA	HALAGA NG	TAGAL NG	TAONG NAKATALAGA	
			BABAYARAN	AKTIBIDAD		
Ipakita ang babayarin sa ospital:		oin ang Final Statement of	Wala	1 minuto	Cashier I	
Final Statement of Account mula sa	Account mula	sa pasyente.			Cash Operations	
Billing Section para sa 8:00am-5:00pm	4.0 Ti		M/s Is	0 1 1	Department	
na transaksyon; o Final Statement of Account mula Cash		ang klasepikasyon ng Statement of Account.	Wala	2 minuto		
Operations Department para sa lagpas	pasyente sa v	Statement of Account.				
ng 5:00pm na transaksyon	13 Kwenta	hin ang kabuuang halaga	Wala	5 minuto		
ng o.oopin na transaksyon	ng babayarin.		vvala	o minuto		
2A. Para sa may pambayad: Bayaran		pin ang bayad, ihanda ang	Base sa halaga ng	2 minuto	Cashier I	
ang kabuuang halaga ng babayarin.		sibo at tatakan ng "PAID"	nakonsumo na gamit,		Cash Operations	
	ang request f		gamot o pasilidad		Department	
2B. Para sa walang pambayad:		transaksyon mula 8:00am	Wala	5 minuto		
Para sa 8:00am hanggang 5:00pm na		00pm, pumunta sa Medical				
transaksyon, pumunta sa Medical		ces. Para sa lagpas ng				
Social Services Department upang						
humingi ng tulong.	Promissory Note at isyuhan ng tatlong					
Para sa lagpas 5:00pm na		Patient's Clearance Form				
transaksyon, sagutan ang mga		bumalik kinabukasan para				
hinihinging impormasyon sa		p at masuri ng Medical				
Promissory Note.	Social Service	e Department.				

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kasama ang kopya ng Final Statement	<u> </u>		1 minuto	Cashier I Cash Operations Department
	KABUUAN	Base sa halaga ng nakonsumo na gamit, gamot o pasilidad	16 minuto	



10. PAGTANGGAP NG BAYAD SA INPATIENT NA MGA TRANSAKSYON

Ito ay pagtanggap ng bayad para sa gamot, eksaminasyon sa laboratory at diyagnostikong proseso, at iba pa mula sa Inpatient na mga transaksyon.

nto ay pagtanggap ng baya	ia para sa garriot, eksi	arriiriasyori sa laboratory at u	ilyagiloslikolig proseso, at iba pa iliula	i sa iripatierit na	niga tiansaksyon.
OPISINA o DIBISYON		Ospital ng Imus - Cash Ope	rations Department		
KLASIPIKASYON	SYON Simple				
URI NG TRANSAKSYON		G2C - Government to Citize	ens		
SINO ANG NANGANGAILANG	AN NG SERBISYO	Pasyente o Kamag-anak ng	Pasyente		
TSEKLIST NG	KAILANGANG DOK	UMENTO	SAANM	IAKUKUHA	
Final Statement of Account			Billing Section		
Patient Discharge Slip			Nursing Ward		
Persons with Disability (PWD) ID			Local Government Unit - Persons wi	ith Disability Affa	irs Office
Senior Citizen ID			Local Government Unit - Office of the	e Senior Citizen's	s Affair
HAKBANG NG KLIYENTE	AKSYON	I NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
1. Ipakita ang Final Statement	1.1 Tanggapin ang	Final Statement of Account.	Wala	1 minuto	Cashier I
of Account.	1.2 Tingnan ang kla	sepikasyon ng pasyente sa			Cash Operations
	Final Statement of A	ccount.	Wala	3 minuto	Department
	1.3 Kwentahin ar	g kabuuang halaga ng			
	babayarin.		Wala	5 minuto	
2. Bayaran ang kaukulang		bayad, ihanda ang opisyal	Base sa halaga ng nakonsumo na	5 minuto	Cashier I
halaga ng babayarin.		can ng "PAID" ang final	gamit, gamot o pasilidad		Cash Operations
		nt. Magbigay ng tatlong (3)			Department
<u> </u>	kopya ng Patient's C				
3. Tanggapin ang opisyal na		pasyente na pumunta sa	Wala	1 minuto	Cashier I
resibo kasama ang tatlong (3)		ay ang Patient's Clearance			Cash Operations
kopya ng Patient's Clearance	Form.				Department
Form at ibigay sa Nurse sa					
Nursing Ward.		I/A DI III ANI	Daniel I daniel de la constant	45	
		KABUUAN	Base sa halaga ng nakonsumo	15 minuto	



11. PROSESO NG PAGPAPATALA NG PASYENTE SA DIALYSIS CENTER

Ito ay proseso kung saan ang pasyente ay ipinatatala upang mabigyan ng regular na iskedyul para sa dialysis treatment.

OPISINA o DIBISYON	Ospital ng Imus – Dialysis (Center			
KLASIPIKASYON	Simple				
URI NG TRANSAKSYON	G2C – Government to Citizens				
SINO ANG NANGANGAILANGAN NG SERBISYO	Lahat				
TSEKLIST NG KAILANGANG DOKUMENTO PARA		SAAN MAKUKUHA			
Pinakabagong tatlong (3) kopya ng Monitoring Sheet r	nula sa pinanggalingang	Pinanggalingang Dialysis Center			
Dialysis Center (para sa mga bagong pasyente)					
Medical Abstract					
Listahan ng iniinom na gamot ng Pasyente					
Rekord ng bakuna					
Pinakabagong resulta ng laboratoryo (hindi lalagpas n depende sa rekomendasyon ng doktor	,				
Complete Blood Count, Blood Chemistry (Creatinine, I iba pa)	BUN, Na, K, P, Albumin, at	Laboratoryo kung saan ginawa ang eksaminasyon			
Pinakabagong Hepatitis Profile na ginawa sa Ospital r	ig Imus	Ospital ng Imus Laboratory Department			
HbsAg					
Anti-Hbs					
Anti-HCV					
Chest X-ray- hindi lalagpas ng isang buwan o depende doktor	e sa rekomendasyon ng				
Pinakabagong RT-PCR (swab test) – hindi lalagpas ng	g pitong araw (7 araw)				
- Para sa mga walang sintomas na hindi kumpleto ang					
laban sa COVID-19	, g				
- Para sa mga may sintomas					
Blood Typing					
Hemodialysis Order ng Attending Nephrologist		Attending Nephrologist			
Certificate of Indigency (kung naaangkop)		Baranggay na Kinasasakupan ng Pasyente			
KAILANGAN DOKUMENTO PARA SA	PHILHEALTH	SAAN MAKUKUHA			
PDD Confirmation Letter (kung naka-enrol)		Philhealth			
PhilHealth – Member's Data Record (MDR)		Philhealth			
Pinakabagong resibo ng PhilHealth Contribution (para	sa mga nagtratrabaho at	Philhealth			
self-paying)					
Certification of Utilization (number of dialysis sessions)	Pinanggalingang Dialysis Center			



Birth Certificate		PSA (Philippine Statistics Authority)		
Government Issued ID o Valid ID		Pangasiwaan/ Ahensya ng Gobyerno na nagbibigay ng Valid ID		
HAKBANG NG KLIYENTE	AKSYON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
Pagsumite ng mga kinakailangang dokumento.	Suriin ang mga dokumentong isinumite ng pasyente o kamag-anak ng pasyente kung ito ay kumpleto at naaayon.	Wala	10 minuto	Nurse I Nurse II Dialysis Center
Ipakita sa Nephrologist ang mga dokumentong isinumite.	2.1 Ipakita sa Nephrologist ang mga dokumentong isinumite ng pasyente o ng kamag-anak ng pasyente.	Wala	30 minuto	Nurse I Nurse II Nephrologist Dialysis Center
	2.2 Sakaling aprubahan ng Nephrologist ang mga dokumento, ang pasyente ay maaari ng bigyan ng iskedyul ng dialysis kung may bakanteng petsa at oras.	Wala	5 minuto	Nurse I Nurse II Dialysis Department
	2.3 Kung walang bakanteng slot para sa pagpapadialysis, ilista ang pasyente sa waiting list at abisuhan na lamang kung mayroon ng bakante. Habang wala pang bakante, ang pasyente ay abisuhan na magpadialysis muna sa ibang center.	Wala	2 minuto	Nurse I Nurse II Dialysis Department
	KABUUAN	Wala	47 minuto	



12. PAGSASAGAWA NG HEMODIALYSIS TREATMENT

Proseso kung saan ang dugo ng pasyente ay nililinis ng artipisyal na bato upang magamit ulit.

OPISINA o DIBISYON		Ospital ng Imus – Dialysis Center			
KLASIPIKASYON	LASIPIKASYON Simple				
URI NG TRANSAKSYON		G2C – Government to Citize	zens		
SINO ANG NANGANGAILANGA	N NG SERBISYO	Lahat			
HAKB	ANG NG KLIYENTE			SAAN MAKUKU	HA
Doctor's Order Sheet			Ospital ng Imus - Dialy	sis Center	
Hemodialysis Monitoring Sheet			Ospital ng Imus - Dialy	sis Center	
Laboratory Flow Sheet			Ospital ng Imus - Dialy	sis Center	
Informed Consent for Hemodialys	is		Ospital ng Imus - Dialy	sis Center	
Hemodialysis Standing Order She	eet		Ospital ng Imus - Dialy	sis Center	
Hemodialysis Medication Sheet			Ospital ng Imus - Dialy	sis Center	
Problem List			Ospital ng Imus - Dialy	sis Center	
Hepatitis Profile			Ospital ng Imus - Dialy		
Hemodialysis Clinical Abstract			Ospital ng Imus - Dialy	sis Center	
Hemodialysis Patient Education			Ospital ng Imus – Dialysis Center		
Consultation/ Hospitalization Shee	et		Ospital ng Imus – Dialysis Center		
Dietary Assessment			Ospital ng Imus – Dialysis Center		
Advance Directive			Ospital ng Imus – Dialysis Center		
X-ray Report			Ospital kung saan nagpagawa ng X-ray		
HAKBANG NG KLIYENTE	AKSYOI	N NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
Lagdaan ang dokumento na nagbibigay ng pahintulot na isagawa ang dialysis procedure.	Hemodialysis sa pakung hindi makaya Ang Nurse ay magsi pahintulot. 1.2 Magpaliwanag	Informed Consent para sa asyente o kamag-anak nito ang pumirma ng pasyente. isilbing saksi sa pagpirma ng Ing mga inaprubahang maraan sa pagsasagawa ng	Wala Wala	3 minuto 10 minuto	Nurse I Dialysis Center Nurse I Dialysis Center
Magtimbang upang makuha ang pre-weight.	dialysis. 2. Samahan ang	pasyente sa pagtitimbang bang bago magdialysis	Wala	1 minuto	Nurse I Dialysis Center



3. Umupo sa dialysis bed.	3.1 Kuhaan ng vital signs ang pasyente bago ang simula ng dialysis treatment. Kung may nakitang hindi normal sa vital signs ng pasyente, ito ay agad na ipagbigay alam sa Physician on Duty o Nephrologist. Kung normal naman ang vital sign ng pasyente ay maaari nang simulan ang dialysis treatment.	Wala	3 minuto	Nurse I Physician on Duty Nephrologist Dialysis Center
	3.2 Kung ang pasyente ay naka fistula o graft, linisin at suriin ang access kung ito ay may thrill at bruit. Kung ang pasyente ay naka-catheter, ang balot ng catheter ay buksan at linisin ng mabuti. Gamit ang aseptic technique	Wala	10 minuto	Nurse I Dialysis Center
	3.3 Kung ang pasyente ay natusukan na ng karayom sa fistula/graft o nalinisan na ang catheter, maaari nang simulan ang dialysis treatment.	Wala	4 oras	
	3.4 Magcheck ng vital signs tuwing ikatatlumpung (30) minuto ng dialysis treatment o mas madalas kung kinakailangan. Anumang pagbabagong mapapansin sa vital signs ng pasyente ay ipagbigay-alam kaagad sa Physician on Duty o Nephrologist.	Wala	4 minuto	
	3.5 Kapag natapos na ng pasyente ang apat (4) na oras na dialysis treatment, ang dugong natira sa linya ay kailangan ng ibalik lahat sa pasyente. Kapag naibalik na ang dugo, ang pasyente ay kuhanan ng panghuling vital signs. Anumang pagbabagong mapapansin sa vital signs ng pasyente ay ipagbigay-alam kaagad sa Physician on Duty o Nephrologist.	Wala	5 minuto	Nurse I Physician on Duty Nephrologist Dialysis Center



	3.6 Ang pasyenteng nakafistula o graft ay	Wala	15 minuto	Nurse I
	kailangang tanggalan ng karayom at ampatan			Dialysis Center
	ng sampung (10) minuto o higit pa depende sa			
	pagdurugo ng pinagtusukan.			
		Wala	5 minuto	
	3.7 Linisin ang catheter ng mabuti, gamit ang			
	aseptic technique lagyan ng cover ang port at			
	balutin ng maayos upang hindi mabasa o			
	maimpeksyon.			
4. Kung mayroong dalang	4.1 Ibigay ang iniksyon na pampataas ng	Wala	1 minuto	Nurse I
iniksyon (Erythropoietin) ang	hemoglobin kung ito ay may order ng doktor.			Dialysis Center
pasyente na pampataas ng				
hemoglobin, ibigay ito sa Nurse.	4.2 Tanggalin ang mga linya sa dialysis machine			
	at idisinfect ang mga makina pagkatapos ng	Wala	3 minuto	Nurse I
	dialysis treatment ng pasyente.			Dialysis Technician
				Dialysis Center
	KABUUAN	Wala	5 oras	



13. PAGDISCHARGE NG PASYENTE SA DIALYSIS CENTER

Ito ay proseso kung saan inihahanda ang pasyente sa kanyang pag-uwi pagkatapos ng dialysis treatment.

no dy proseso kang saan ininanai	ida ang padyo	nto oa kanyang pag awi pagi	tatapoo ng alalyolo troa	unon.	
OPISINA o DIBISYON Ospital ng Imus – Dialysis O			Center		2
KLASIPIKASYON		Simple			
URI NG TRANSAKSYON		G2C - Government to Citize	ens		
SINO ANG NANGANGAILANGAN NG	SERBISYO	Lahat			
	NG KLIYENTE			SAAN MAKUKUH	IA .
Professional Fee Form			Ospital ng Imus – Dial	ysis Center	
Patient's Clearance Form			Cashier		
HAKBANG NG KLIYENTE	AKS'	YON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
Ang pasyente o kamag anak ay maghanda sa pag-uwi.	1.1 Magbigay ng instruksyon ng mga kailangang sundin ng pasyente. 1.2 I-tag ang pasyente sa Hospital Information System (HIS) ng may-go-home at tawagan ang Billing Section upang ipagbigay-alam na tapos na ang dialysis treatment.		Wala	2 minuto	Nurse I Administrative Aide IV Dialysis Center
			Wala	1 minuto	Nurse I Administrative Aide IV Dialysis Center Records Officer I Billing Section
2. Tumungo sa Billing Section para ibigay ang Professional Fee Form.	2. Ibigay ang Professional Fee Form sa pasyente o kamag-anak at ituro kung nasaan ang Billing Section kung saan makukuha ang Patient's Clearance Form.		Wala	3 minuto	Nurse I Administrative Aide IV Dialysis Center
3. Bumalik sa Dialysis Center upang ibigay ang Patient's Clearance Form sa Dialysis Nurse at Security Guard.	3. Kunin ang Patient's Clearance Form mula sa pasyente o kamag-anak nito at kumpletuhin lahat ang patient's chart.		Wala	5 minuto	Nurse I Administrative Aide IV Dialysis Department
4. Alamin ang susunod na iskedyul ng dialysis treatment at maaari nang umuwi.	siyang umuw	ang pasyente na maaari na vi at ibigay ang iskedyul para na dialysis treatment.	Wala	3 minuto	Nurse I Administrative Aide IV Dialysis Center
	KABUUAN	Wala	14 minuto		



14. PAGTANGGAP NG PASYENTE SA EMERGENCY DEPARTMENT

Ang Emergency Department ay responsable sa pagbibigay ng agarang lunas sa mga pasyenteng nangangailangan nito. Ito ay inaasahang makakapagbigay ng kalidad na serbisyo, maabot ang inaasahang satispaksyon ng pasyente, makapaghatid ng agarang lunas sa mga alalahanin ng pasyente tungkol sa kanilang kalusugan.

OPISINA o DIBISYON		Ospital ng Imus – Emergency Department				
KLASIPIKASYON		Simple				
URI NG TRANSAKSYON G2C – Government to Citize			ens			
SINO ANG NANGANGAILANGAN NG S	SERBISYO	Lahat ng Pasyenteng dinad	ala sa Emergency Depa	rtment (ED)		
TSEKLIST NG KAILAI	NGANG DOK	CUMENTO		SAAN MAKUKUH	A	
Emergency Department Data Sheet			Emergency Departmen	t		
Prescription Pad			Emergency Departmen	t		
Admission Slip			Emergency Departmen	t		
HAKBANG NG KLIYENTE	AKS	YON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
Pumunta sa Emergency Department ng Ospital ng Imus.	1.1 Dalhin ang pasyente sa Triage Area. Kunin ang detalye at vital signs at ipaalam sa Medical Officer III.		Wala	6 minuto	Security Guard Security Department Nurse I Nursing Service Department	
	1.2 Suriin ang pasyente at gawin ang lahat ng order ng Medical Officer III kasama na ang mga pagsusuring medikal (laboratoryo, x-ray, ultrasound, mammogram).		Wala	1 oras at 30 minuto	Nurse I Nursing Service Department	
	1.3 Suriin ang resulta ng pagsusuring medikal na ginawa sa pasyente. Tukuyin ang disposisyon ng pasyente kung ito ay maaari ng pauwiin o kailangang iadmit.		Wala	14 minuto	Medical Officer III Medical Department	
2. Kung ang pasyente ay maaari ng umuwi, papuntahin sa Billing/ Cashier at bayaran ang kaukulang babayarin.	Kung ang pasyente ay maaari ng umuwi, itawag sa Billing Section upang iproseso ang babayarin ng pasyente.		Depende sa halaga ng eksaminasyon, gamot at gamit	10 minuto	Nurse I Nursing Service Department	

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3. Kunin ang reseta sa doktor o nurse.	3. Bigyan ng reseta ng gamot (kung ito ay naaangkop).	Wala	5 minuto	Medical Officer III Medical Department
				Nurse I Nursing Service Department
4. Kung ang pasyente ay kailangang iadmit, pumunta sa Admitting Department dala ang Admission Slip para sa pagproseso ng admisyon ng pasyente.	iadmit, ito ay ipaalam sa Admitting Department para maproseso ang	Wala	5 minuto	Nurse I Nursing Service Department
	KABUUAN	Depende sa halaga ng eksaminasyon, gamot at gamit	2 oras, 10 minuto	



15. PAGRELEASE NG KATAWAN NG NAMATAY NA PASYENTE

Ito ay pagdokumento ng paglabas at pagbibigay ng labi ng pasyente sa Ospital ng Imus sa magseserbisyong punerarya.

		ng labi ng pasyente sa Ospital ng imus sa magseserbisyong punerarya.				
		Ospital ng Imus – Emergen	ency Department			
KLASIPIKASYON		Simple				
URI NG TRANSAKSYON G2C – Government to Citizen			ens			
SINO ANG NANGANGAILANGAN NG	SINO ANG NANGANGAILANGAN NG SERBISYO Namatay na pasyente					
TSEKLIST NG KAILA	NGANG DOK	UMENTO		SAAN MAKUKUH	Α	
Patient's Clearance Form			Cash Operations Depa	rtment; Billing Section		
Release of the Body Form			Emergency Departmen	nt		
HAKBANG NG KLIYENTE	AKS	YON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
Nalaman ng kamag-anak ang pagkamatay ng pasyente.	 1.1 Kumpirmahin ang pagkamatay ng pasyente sa pamamagitan ng "Flat Line" sa ECG Tracing at ipaalam sa kamaganak ng pasyente. 1.2 Idokumento ang lahat ng detalye ng pagkamatay ng pasyente. 1.3 Kung ang pasyente ay walang sintomas ng COVID-19, isagawa ang "post-mortem care". 1.4 Kung ang pasyente ay may sintomas ng COVID-19, itawag sa Laboratory Department para masagawa ang RT-PCR bago ilagay ang labi sa Cadaver Bag. 		Wala	5 minuto	Medical Officer III Medical Department	
			Wala	5 minuto	Nurse I Nursing Service Department Medical Officer III Medical Department	
			Wala	10 minuto	Nurse I Nursing Service Department	
			Wala	2 minuto	Nurse I Nursing Service Department	
2. Bayaran ang kaukulang babayarin ng pasyente.	Hospital Info	ng lahat ng babayarin sa ormation System (HIS) at illing Section upang maiyos in ng pasyente.	Depende sa halaga ng eksaminasyon, gamot at gamit	5 minuto	Nurse I Nursing Service Department	



, , ,	3. Dalhin sa cadaver holding area ang bangkay habang inaantay ang pagdating ng magseserbisyo na punerarya.	Wala	5 minuto	Nurse I Nursing Service Department
				GSO Personnel
	KABUUAN	Depende sa halaga	32 minuto	
		ng eksaminasyon,		
		gamot at gamit		



16. PAGLIPAT NG PASYENTE SA IBANG OSPITAL

Ito ay ang paglipat ng pasyente sa ibang ospital sa kadahilanang may mga eksaminasyon, pamamaraan ng paggamot na hindi angkop sa Level 1 na ospital.

OPISINA o DIBISYON Ospital ng Imus – Emerge			ency Department		
KLASIPIKASYON Simple					
URI NG TRANSAKSYON G2C – Government to Citi			izens		
SINO ANG NANGANGAILANGAN NG SE	ERBISYO	Pasyente na kailangang lu	umipat ng Ospital		
TSEKLIST NG KAILAN	GANG DOKU	MENTO	-	SAAN MAKUKUH	A
Medical Abstract or Discharge Summary			Emergency Departmen	nt	
Institutional Referral Form			Emergency Departmen	nt	
Release from Responsibility			Emergency Departmen	nt	
Ambulance Conduction Form			Emergency Departmen	nt	
HAKBANG NG KLIYENTE		ON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
kailangang mailipat ang pasyente sa M	ng kailangang Medical Abstra	n at kumpletuhin ang lahat g dokumento tulad ng ict or Discharge Summary Referral Form .	Wala	10 minuto	Nurse I Nursing Service Department Medical Officer III Medical Department
r	1.2 Itawag sa ibang ospital ang paglipat ng pasyente at ang kalagayan nito. Ipaalam sa driver ng ambulansya ang paglipat ng pasyente sa ibang ospital.		Wala	10 minuto	Medical Officer III Medical Department Nurse I Nursing Service Department
	1.3 Magfill-up r Form.	ng Ambulance Conduction	Wala	2 minuto	Driver I Nursing Service Department Nurse I Nursing Service Department

				Medical Officer III Medical Department Security Guard Security Department
2. Makinig at pirmahan ang Release from Responsibility.	2. Ipaliwanag at papirmahan sa pasyente o kamag-anak ang Institutional Referral Form.	Wala	5 minuto	Nurse I Nursing Service Department
3. Magbayad ng kaukulang babayarin.	3.1 Ayusin ang lahat ng babayarin sa Hospital Information System (HIS) at itawag sa Billing Section upang maiayos ang kaukulang babayarin ng pasyente.	Depende sa halaga ng eksaminasyon, gamot at gamit	5 minuto (stop time)	Nurse I Nursing Service Department Ms. Alicia C. Camama Chief Nurse, NSD
	3.2 Ilipat ang pasyente sa ibang ospital.	Wala	Depende sa distansya ng paglilipatang Ospital	Nurse I Nursing Service Department Medical Officer III Medical department Driver I Nursing Service
				Department
	KABUUAN	Depende sa halaga ng eksaminasyon, gamot at gamit	32 minuto	



17. PAGDISCHARGE NG PASYENTE SA EMERGENCY DEPARTMENT

Ito ay ang pagpapalabas ng pasyente sa ospital pagkatapos mabigyan ng karampatang lunas at makitaan ng senyales na maaari na itong makauwi.

OPISINA o DIBISYON		Ospital ng Imus – Emergency Department					
KLASIPIKASYON	KLASIPIKASYON		Simple				
URI NG TRANSAKSYON G2C – Government to Citizer		ens					
SINO ANG NANGANGAILANGAN NG	SERBISYO	Mga Pasyente sa Emergeno	cy Department (ED)				
TSEKLIST NG KAILA	NGANG DOK	UMENTO		SAAN MAKUKUH	A		
Doctor's Order Sheet			Emergency Departme	nt			
Emergency Patient Data Sheet			Emergency Departme	nt			
Prescription Pad			Emergency Departme	nt			
Statement of Account			Billing Section (8:00ar	n hanggang 5:00pm); Ca	sh Operations Department		
			(5:01pm hanggang 7:5	59am)			
HAKBANG NG KLIYENTE	AKS	YON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA		
Nabigyan ng karampatang lunas ang pasyente at handa ng umuwi.	1.1 Mag-is	yu ng May Go Home Order.	Wala	5 minuto	Medical Officer III Medical Department		
	ilagay sa H (HIS) na pwe at tawagan	etuhin lahat ng babayarin at ospital Information System ede na umuwi ang pasyente ang Billing Section para g kaukulang babayarin ng	Wala	5 minuto	Nurse I Nursing Service Department		
	ng pasyente Emergency	so ang kaukulang babayarin at tawagan ang Nurse sa Department para ang kamag-anak sa Billing	Wala	4 minuto	Accounting Clerk II Billing Section		
		tahin ang kamag-anak ng Billing Section.	Wala	1 minuto	Nurse I Nursing Service Department		
2. Pumunta sa Billing Section upang kuhanin ang Final Statement of Account (SOA).	ang kamag	sue ng SOA at papuntahin g-anak ng pasyente sa ng magbayad.	Wala	1 minuto	Accounting Clerk II Billing Section		

IMUS

3. Pumunta sa Cashier upang magbayad.	3. Tanggapin ang bayad at mag-issue ng opisyal na resibo at dalawang (2) Patient's Clearance Form.	Depende sa halaga ng eksaminasyon, gamot at gamit	3 minuto	Cashier I Cash Operations Department
4. Kung ang pasyente ay maaari ng umuwi, kunin ang reseta sa doktor o nurse.	4. Kung ang pasyente ay maaari ng umuwi, ibigay at ipaliwanag ang reseta ng gamot (kung ito ay naaangkop).	Wala	3 minuto	Nurse I Nursing Service Department Medical Officer III Medical Department
5. Ibigay ang Patient's Clearance Form sa Nurse at Security Guard at maaari ng umuwi.	5. Idischarge sa Hospital Information System (HIS) ang pangalan ng pasyente at gabayan palabas ng Emergency Department.	Wala	3 minuto	Cashier I Cash Operations Department Nurse I Nursing Service Department Security Guard Security Department
	KABUUAN	Depende sa halaga ng eksaminasyon, gamot at gamit	25 minuto	, ,



18. PAGSUSURING DAYAGNOSTIKO SA HEART STATION UNIT

Ang Heart Station ay responsible sa pagtanggapng pasyente mula sa Emergency Department, inpatient at outpatient upang maisagawa ang kinakailangang dayagnostikong pagsusuri para sa kalagayan sa puso.

OPISINA o DIBISYON Ospital ng Imus – Heart Statio		on Unit				
KLASIPIKASYON		Simple				
URI NG TRANSAKSYON		G2C – Government to Citizen	ns			
SINO ANG NANGANGAILANGA		Outpatient; Inpatient at mga p	asyente mula sa Emerg			
TSEKLIST NG	KAILANGANG DO	KUMENTO		SAAN MAKUKU	HA	
Referral o Prescription Pad			Doktor na nagpagawa	<u> </u>		
Senior Citizen ID			Local Government Unit			
Person with Disability (PWD) ID			Local Government Unit			
HAKBANG NG KLIYENTE	AKSY	ON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
Ipakita sa Heart Station Unit ang Diyagnostikong Request or Prescription Pad para sa pagsusuri.	Form ng pasyer Requesting Phy	suriin ang binigay na Request nte na galing sa kaniyang sician kung nauukol sa awa sa Heart Station Unit.	Wala	2 minuto	Heart Station Staff	
	1.2 Isulat sa Patient Schedule Logbook ang pangalan ng pasyente, contact number, araw at oras ng iskedyul ng diyagnostikong pagsusuri.		Wala	3 minuto		
	1.3 Ipaalam sa pasyente ang halaga ng eksaminasyong kanyang pinapagawa.		Wala	2 minuto		
2. Pumunta sa Heart Station Unit sa nakaiskedyul na araw at oras at ibigay ang Request o Prescription Pad.	Ipasok ang mga ng pasyente sa	ng request at itala sa Logbook. kinakailangang impormasyon Hospital Information System nabigyan ng charge slip ang	Wala	Heart Station Staff	5 minuto	
3. Pumunta sa Cashier para magbayad ng kaukulang halaga para sa diyagnostikong eksaminasyon.		ng pasyente sa Cashier at ang kopya ng charge slip.	2D Echo (Plain) – Php 2,500.00 2D Echo (Doppler) – Php 2,600.00	Heart Station Staff	1 minuto	



		Venous Vascular Doppler – Php 5,000.00 Arterial Vascular Doppler – Php 5,000.00 Venous and Arterial Vascular Doppler – Php 9,500.00 Carotid Vascular Doppler – Php 4,500.00		
4. Bumalik sa Heart Station Unit pagkatapos magbayad sa cashier at ipakita ang resibo ng pinagbayaran.	4. Tanggapin ang resibo (OR). Isulat sa patient logbook ang numero ng OR para sa reference.	Wala	Heart Station Staff	1 minuto
5. Manatili sa upuan sa may tapat ng Heart Station Unit at maghintay tawagin ang pangalan.	5. Ihanda ang makina na gagamitin sa eksaminasyon. Tawagin ang pangalan ng pasyente.	Wala	Heart Station Staff	15 minuto
6. Sumailalim sa diyagnostikong proseso.	6. Isagawa ang proseso.	Wala	Heart Station Staff	2D Echo - 45 minuto ECG – 7 minuto Vascular UTZ – 2 oras hanggang 4 oras
7. Balikan ang resulta sa nakatakdang araw at oras na pagkuha.	7.1 Para sa mga Inpatient: laakyat ang resulta at ibigay sa Nars kalakip ang kanilang buong pangalan at lagda. 7.2 Para sa mga Outpatient: Sabihan na balikan ang resulta sa itinakdang araw at oras o kaya ay tumawag muna sa Heart Station Unit landline number.	Wala	Heart Station Staff	2 minuto
	Sagutan ang Client Satisf	action Rating Form		

KABUUAN	2D Echo (Plain) – Php 2,500.00	38 minuto	2D Echo – 1 oras at 14 minuto
	2D Echo (Doppler) –		ECG – 36 minuto
	Php 2,600.00		Vascular Ultrasound – 4
	Venous Vascular		oras, 29 minuto
	Doppler - Php		
	5,000.00		
	Arterial Vascular		
	Doppler – Php		
	5,000.00		
	Venous and Arterial		
	Vascular Doppler –		
	Php 9,500.00		
	Carotid Vascular		
	Doppler – Php		
	4,500.00		



19. GABAY SA PAGSUMITE NG REQUEST AT PAGKUHA NG RESULTA SA LABORATORYO

Ito ay pagproseso ng mga pagsusuring medikal sa laboratoryo na kailangan ng pasyente upang mabigyan ng tamang lunas ng doktor. Ang layunin ng Laboratory Department ay makapagbigay ng tama at wastong resulta ng pagsusuring medikal sa itinakdang oras na magagamit ng doktor bilang basehan sa pagbibigay ng karampatang lunas sa pasyente. Makapagbigay ng gabay sa mga pasyente at kamag-anak nito sa pagsumite ng kahilingang pagsusuring medikal hanggang pagkuha ng resulta.

OPISINA o DIBISYON		Ospital ng Imus – Laboratory Department			
KLASIPIKASYON		Simple			
URI NG TRANSAKSYON		G2C - Government to Citize	ens; G2B - Government to Businesses; G2G – Government to Government		
SINO ANG NANGANGAILANGAN NG	SERBISYO	Lahat ng Pasyenteng Nang	angailangan ng Pagsust	uring Medikal sa Labor	ratoryo
TSEKLIST NG KAILA	NGANG DOK	UMENTO		SAAN MAKUKU	IHA
Laboratory Request Form			Laboratory Department	t; Emergency Departm	nent; Outpatient Department
Patient Information Slip			Emergency Departmen	nt; Outpatient Departm	ent
Charge Slip (kung naaangkop)			Billing Section; Laborat	tory Department	
Laboratory Request ng Doktor (kung sa	ibang ospital o	o doktor nagpatingin)	Doktor o Ospital kung s	saan nagpakonsulta	
Orihinal na Approved Guarantee Letter (kung naaangk	cop)	Opisyal ng Gobyerno		
Senior Citizen ID (kung naaangkop)			LGU – Office of the Se		
Persons with Disability ID (kung naaangl			City Government – Per		
HAKBANG NG KLIYENTE	AKS'	YON NG AHENSYA	HALAGA NG	TAGAL NG	TAONG NAKATALAGA
			BABAYARAN	AKTIBIDAD	
1. Kumuha ng numero sa Receiving	1. Tumawag	ng Numero.	Wala	2 minuto	Medical Technologist
Counter at hintayin matawag.					Laboratory Clerk/ Aide
					Laboratory Department
2. Ibigay ang Laboratory Request Form	2. Basahin	ang Laboratory Request	Wala	5 minuto	Medical Technologist
at specimen (kung naangkop) sa	Form at ang	Approved Guarantee Letter			Laboratory Clerk/ Aide
nakatalagang kawani ng Laboratory.	(kung naaa	angkop), at bigyan ng			Laboratory Department
		struksyon ang pasyente.			, ,
3. Kunin ang charge slip sa		g Charge Slip ang pasyente	Tingnan sa Ibaba	5 minuto	Medical Technologist
nakatalagang kawani at pumunta sa	o kamag-ana	ık at papuntahin sa Cashier.			Clerk/ Aide
Cashier.					Laboratory Department
4. Bumalik sa Laboratory at ipakita ang	4.1 Tanggap	in ang Opisyal na Resibo at	Wala	5 minuto	Medical Technologist
resibo upang maisagawa ang	itala ang				Laboratory Clerk/ Aide
kaukulang proseso.	impormasyo	n sa receiving logbook.			Laboratory Department



	4.2 Ipaliwanag at isagawa ang nakasaad	Wala	10 minuto	Medical Technologist
	na eksaminasyon.			Laboratory Department
	4.3 Sabihan ang pasyente kung kailan makukuha ang resulta. **Para sa resulta ng Fasting Blood Chemistry, Serology at Immunology ito ay makukuha tuwing ika-lima (5:00) ng hapon. **Para sa resulta ng Routine Blood Chemistry: Outpatient: ito ay makukuha pagkatapos ng apat (4) na oras. Inpatient: ito makukuha pagkatapos ng tatlong (3) oras. Emergency Department: ito ay makukuha pagkatapos ng isang oras at tatlumpung (1 ½) minuto. **Para sa resulta ng Clinical Microscopy/Hematology: Outpatient/ Inpatient: ito ay makukuha pagkatapos ng dalawang (2) oras. Emergency Department: ito ay makukuha pagkatapos ng dalawang (2) oras. Emergency Department: ito ay makukuha pagkatapos ng isang oras at tatlumpung (1 ½) minuto. **Para sa resulta ng Bacteriology/ Send	Wala	1 minuto	Medical Technologist Laboratory Clerk/ Aide Laboratory Department
	Out: Ito ay makukuha pagkatapos ng dalawa (2) hanggang limang (5) araw.			
5. Ipakita ang resibo sa pagkuha ng resulta.	Kuhanin ang Opisyal na resibo at tingnan kung mayroon ng resulta ang ginawang eksaminasyon.	Wala	5 minuto	Medical Technologist Laboratory Clerk/ Aide Laboratory Department
6. Pumirma sa receiving logbook bilang katunayan na natanggap na ang resulta.	6. Papirmahin sa receiving logbook ang kumuha ng resulta.	Wala	2 minuto	Medical Technologist Laboratory Clerk/ Aide Laboratory Department
	KABUUAN	Tingnan sa Ibaba	35 minuto	



Item ID	Pangalan ng Eksaminasyon	Halaga
LAB0001	AFB (ACID FAST BACILLI)	PHP 200.00
LAB0002	AFP (ALPHA FETOPROTEIN)	PHP 850.00
LAB0003	ALBUMIN	PHP 120.00
LAB0004	ALKALINE PHOSPHATASE	PHP 150.00
LAB0005	ALT/SGPT	PHP 130.00
LAB0006	AMMONIA	PHP 1,225.00
LAB0007	AMYLASE	PHP 335.00
LAB0008	ANTI HAV IG G	PHP 700.00
LAB0009	ANTI HAV IGM	PHP 420.00
LAB0010	ANTI HBC IGM	PHP 500.00
LAB0011	ANTI HBC TOTAL	PHP 480.00
LAB0012	ANTI HBE	PHP 480.00
LAB0013	ANTI HBS	PHP 720.00
LAB0014	ANTI-HCV	PHP 890.00
LAB0015	APTT (ACTIVATED PARTIAL THROMBOPLASTIN TIME)	PHP 370.00
LAB0016	ASO SCREENING	PHP 350.00
LAB0017	ASO WITH DILUTION	PHP 470.00

Item ID	Pangalan ng Eksaminasyon	Halaga
LAB0150	T4 THYROXINE (ECLIA)	PHP 430.00
LAB0151	TESTOSTERONE	PHP 1,500.00
LAB0152	THYROGLOBULIN (ECLIA)	PHP 2,000.00
LAB0153	TMG (TRICHOMONAS, MONILLA, GRAM STAIN)	PHP 250.00
LAB0154	TORCH TEST (TOXOPLASMA, CMV, RUBELLA, HSV) SCREENING	PHP 2,800.00
LAB0155	TOTAL ACID PHOSPHATASE (ACP)	PHP 1,500.00
LAB0156	TOTAL CALCIUM	PHP 135.00
LAB0157	TOTAL CHOLESTEROL	PHP 120.00
LAB0158	TOTAL IRON BINDING CAPACITY (TIBC) WITH IRON	PHP 800.00
LAB0159	TOTAL PROTEIN	PHP 170.00
LAB0160	TOTAL PSA (PROSTATE-SPECIFIC ANTIGEN)	PHP 1,110.00
LAB0161	TOXIC GRANULATION (TG)	PHP 80.00
LAB0162	TOXOPLASMA SCREENING	PHP 850.00
LAB0163	TPAG (TOTAL PROTEIN ALBUMIN GLOBULIN)	PHP 350.00
LAB0164	TP-PA (QUALI)	PHP 450.00
LAB0165	TP-PA WITH DILUTION	PHP 1,500.00
LAB0166	TRANSFERRIN SATURATION	PHP 850.00



LAB0018	AST/SGOT	PHP 130.00
LAB0019	B-HCG (H MOLE)	PHP 1,000.00
LAB0020	B-HCG (QUANTITATIVE)	PHP 1,400.00
LAB0021	BLEEDING TIME	PHP 85.00
LAB0022	BLOOD C/S	PHP 1,500.00
LAB0023	BLOOD TYPING	PHP 130.00
LAB0024	BLOOD URIC ACID (BUA)	PHP 115.00
LAB0025	BODY FLUID ANALYSIS (GLUCOSE, TOTAL PROTEIN, CELL CT/DIFF CT, PH)	PHP 1,350.00
LAB0026	BUN (BLOOD UREA NITROGEN)	PHP 115.00
LAB0027	C3	PHP 650.00
LAB0028	CA 125 (OVARY)	PHP 1,800.00
LAB0029	CA 15-3 (BREAST)	PHP 1,850.00
LAB0030	CA 72-4	PHP 3,300.00
LAB0031	CA19 9	PHP 2,200.00
LAB0032	CARCINOEMBRYONIC-ANTIGEN (CEA)	PHP 900.00
LAB0033	CBC (COMPLETE BLOOD COUNT) WITH PLATELET COUNT	PHP 200.00
LAB0034	CHLORIDE	PHP 140.00
LAB0035	CLOTTING TIME	PHP 85.00

LAB0167 TRIGLYCERIDES PHP 180.00 LAB0168 TROPONIN I (QUALI) PHP 980.00 LAB0169 TROPONIN I (QUANTI) PHP 1,200.00 LAB0170 TROPONIN T (QUANTI) PHP 2,760.00 LAB0171 TSH THYROID STIMULATIING HORMONE (ECLIA) PHP 750.00 LAB0172 TZANCK SMEAR PHP 200.00 LAB0173 URINALYSIS (10 PARAMETERS) PHP 110.00 LAB0174 URINALYSIS (4 PARAMETERS) PHP 60.00 LAB0175 URINE ALBUMIN PHP 670.00 LAB0176 URINE ALBUMIN / PROTEIN (DIPSTICK) PHP 45.00 LAB0177 URINE C/S PHP 950.00 LAB0178 URINE CHLORIDE PHP 440.00 LAB0179 URINE CREATININE PHP 350.00 LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE PH (DIPSTICK) PHP 45.00 LAB0183 URINE POTASSIUM PHP 450.00 LAB0184 URINE PROTEIN PHP 450.00			
LAB0169 TROPONIN I (QUANTI) PHP 1,200.00 LAB0170 TROPONIN T (QUANTI) PHP 2,760.00 LAB0171 TSH THYROID STIMULATIING HORMONE (ECLIA) PHP 750.00 LAB0172 TZANCK SMEAR PHP 200.00 LAB0173 URINALYSIS (10 PARAMETERS) PHP 110.00 LAB0174 URINALYSIS (4 PARAMETERS) PHP 60.00 LAB0175 URINE ALBUMIN PHP 670.00 LAB0176 URINE ALBUMIN / PROTEIN (DIPSTICK) PHP 45.00 LAB0177 URINE C/S PHP 950.00 LAB0178 URINE CHLORIDE PHP 440.00 LAB0179 URINE CREATININE PHP 350.00 LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 450.00	LAB0167	TRIGLYCERIDES	PHP 180.00
LAB0170 TROPONIN T (QUANTI) PHP 2,760.00 LAB0171 TSH THYROID STIMULATIING HORMONE (ECLIA) PHP 750.00 LAB0172 TZANCK SMEAR PHP 200.00 LAB0173 URINALYSIS (10 PARAMETERS) PHP 110.00 LAB0174 URINALYSIS (4 PARAMETERS) PHP 60.00 LAB0175 URINE ALBUMIN PHP 670.00 LAB0176 URINE ALBUMIN / PROTEIN (DIPSTICK) PHP 45.00 LAB0177 URINE C/S PHP 950.00 LAB0178 URINE CHLORIDE PHP 440.00 LAB0179 URINE CREATININE PHP 350.00 LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 45.00	LAB0168	TROPONIN I (QUALI)	PHP 980.00
LAB0171 TSH THYROID STIMULATIING HORMONE (ECLIA) PHP 750.00 LAB0172 TZANCK SMEAR PHP 200.00 LAB0173 URINALYSIS (10 PARAMETERS) PHP 110.00 LAB0174 URINALYSIS (4 PARAMETERS) PHP 60.00 LAB0175 URINE ALBUMIN PHP 670.00 LAB0176 URINE ALBUMIN / PROTEIN (DIPSTICK) PHP 45.00 LAB0177 URINE C/S PHP 950.00 LAB0178 URINE CHLORIDE PHP 440.00 LAB0179 URINE CREATININE PHP 350.00 LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 450.00	LAB0169	TROPONIN I (QUANTI)	PHP 1,200.00
HORMONE (ECLIA)	LAB0170	TROPONIN T (QUANTI)	PHP 2,760.00
LAB0173 URINALYSIS (10 PARAMETERS) PHP 110.00 LAB0174 URINALYSIS (4 PARAMETERS) PHP 60.00 LAB0175 URINE ALBUMIN PHP 670.00 LAB0176 URINE ALBUMIN / PROTEIN (DIPSTICK) PHP 45.00 LAB0177 URINE C/S PHP 950.00 LAB0178 URINE CHLORIDE PHP 440.00 LAB0179 URINE CREATININE PHP 350.00 LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 450.00	LAB0171		PHP 750.00
LAB0174 URINALYSIS (4 PARAMETERS) PHP 60.00 LAB0175 URINE ALBUMIN PHP 670.00 LAB0176 URINE ALBUMIN / PROTEIN (DIPSTICK) PHP 45.00 LAB0177 URINE C/S PHP 950.00 LAB0178 URINE CHLORIDE PHP 440.00 LAB0179 URINE CREATININE PHP 350.00 LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 450.00 LAB0183 URINE POTASSIUM PHP 450.00	LAB0172	TZANCK SMEAR	PHP 200.00
LAB0175 URINE ALBUMIN PHP 670.00 LAB0176 URINE ALBUMIN / PROTEIN (DIPSTICK) PHP 45.00 LAB0177 URINE C/S PHP 950.00 LAB0178 URINE CHLORIDE PHP 440.00 LAB0179 URINE CREATININE PHP 350.00 LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 450.00 LAB0183 URINE POTASSIUM PHP 450.00	LAB0173	URINALYSIS (10 PARAMETERS)	PHP 110.00
LAB0176 URINE ALBUMIN / PROTEIN (DIPSTICK) PHP 45.00 LAB0177 URINE C/S PHP 950.00 LAB0178 URINE CHLORIDE PHP 440.00 LAB0179 URINE CREATININE PHP 350.00 LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 450.00 LAB0183 URINE POTASSIUM PHP 450.00	LAB0174	URINALYSIS (4 PARAMETERS)	PHP 60.00
(DIPSTICK) LAB0177 URINE C/S PHP 950.00 LAB0178 URINE CHLORIDE PHP 440.00 LAB0179 URINE CREATININE PHP 350.00 LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 45.00 LAB0183 URINE POTASSIUM PHP 450.00	LAB0175	URINE ALBUMIN	PHP 670.00
LAB0178 URINE CHLORIDE PHP 440.00 LAB0179 URINE CREATININE PHP 350.00 LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 45.00 LAB0183 URINE POTASSIUM PHP 450.00	LAB0176		PHP 45.00
LAB0179 URINE CREATININE PHP 350.00 LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 45.00 LAB0183 URINE POTASSIUM PHP 450.00	LAB0177	URINE C/S	PHP 950.00
LAB0180 URINE GLUCOSE (DIPSTICK) PHP 45.00 LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 45.00 LAB0183 URINE POTASSIUM PHP 450.00	LAB0178	URINE CHLORIDE	PHP 440.00
LAB0181 URINE KETONE (DIPSTICK) PHP 45.00 LAB0182 URINE PH (DIPSTICK) PHP 45.00 LAB0183 URINE POTASSIUM PHP 450.00	LAB0179	URINE CREATININE	PHP 350.00
LAB0182 URINE PH (DIPSTICK) PHP 45.00 LAB0183 URINE POTASSIUM PHP 450.00	LAB0180	URINE GLUCOSE (DIPSTICK)	PHP 45.00
LAB0183 URINE POTASSIUM PHP 450.00	LAB0181	URINE KETONE (DIPSTICK)	PHP 45.00
	LAB0182	URINE PH (DIPSTICK)	PHP 45.00
LAB0184 URINE PROTEIN PHP 450.00	LAB0183	URINE POTASSIUM	PHP 450.00
	LAB0184	URINE PROTEIN	PHP 450.00

CITIZEN'S CHARTER



LAB0036	CLOTTING TIME, BLEEDING TIME	PHP 125.00
LAB0037	CMV SCREENING	PHP 850.00
LAB0038	COOMB'S TEST (DIRECT & INDIRECT)	PHP 200.00
LAB0039	CORRECTED CALCIUM	PHP 250.00
LAB0040	СРК МВ	PHP 1,300.00
LAB0041	CPK MB WITH TOTAL	PHP 600.00
LAB0042	СРК ММ	PHP 890.00
LAB0043	CPK TOTAL	PHP 400.00
LAB0044	CREATININE	PHP 115.00
LAB0045	CREATININE CLEARANCE	PHP 480.00
LAB0046	CROSS MATCHING	PHP 600.00
LAB0047	CRP	PHP 350.00
LAB0048	CRP WITH DILUTION	PHP 570.00
LAB0049	CRT (CLOT RETRACTION TIME)	PHP 120.00
LAB0050	DBIB / B1B2	PHP 185.00
LAB0051	D-DIMER	PHP 2,800.00
LAB0052	DENGUE DUO (IG G/IGM/NS1)	PHP 1,450.00
LAB0053	I - DENGUE NS1 AG (QUALI)	PHP 1,550.00
LAB0054	DIGOXIN	PHP 750.00

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LAB0185	URINE SODIUM	PHP 450.00
LAB0186	URINE SPECIFIC GRAVITY (DIPSTICK)	PHP 45.00
LAB0187	WBC DIFFERENTIAL COUNT	PHP 150.00
LAB0188	WHOLE BLOOD	PHP 1,800.00
LAB0189	ELECTROPHORESIS (HEMOGLOBIN/PROTEIN)	PHP 4,025.00
LAB0190	LUPUS ANTICOAGULANT	PHP 4,370.00
LAB0191	ANA (SLE)	PHP 690.00
LAB0192	ANA (SLE WITH DILUTION)	PHP 1,300.00
LAB0193	ANTI CARDIOLIPIN IgG	PHP 3,500.00
LAB0194	ANTI CARDIOLIPIN IgM	PHP 3,500.00
LAB0195	ANTI CCP	PHP 4,000.00
LAB0196	ANTI SMOOTH MUSCLE ABS (IF)	PHP 8,100.00
LAB0197	ALLERGY PANEL	PHP 3,800.00
LAB0198	MUMPS IgG	PHP 3,340.00
LAB0199	NT PRO-BNP	PHP 5,200.00
LAB0200	RUBEOLA IgG / MEASLES IgG	PHP 4,000.00
LAB0201	VARICELLA IgG	PHP 4,200.00
LAB0202	C3 (COMPLEMENT 3)	PHP 700.00
LAB0203	C4 (COMPLEMENT 4)	PHP 730.00





LAB0055	ESR (ERYTHROCYTE SEDIMENTATION RATE)	PHP 150.00
LAB0056	EXPANDED NEWBORN SCREENING	PHP 1,800.00
LAB0057	FBS / RBS / 2HPBS (FASTING BLOOD SUGAR / RANDOM BLOOD SUGAR / 2 HRS. POST PRANDIAL BLOOD SUGAR) (EACH)	PHP 95.00
LAB0058	FECAL OCCULT BLOOD DETERMINATION	PHP 200.00
LAB0059	FECALYSIS (ROUTINE)	PHP 60.00
LAB0060	FERRITIN	PHP 1,100.00
LAB0061	FIBRINOGEN	PHP 1,100.00
LAB0062	FLUID ALBUMIN (PLEURAL, PERICARDIAL, PERITONEAL)	PHP 475.00
LAB0063	FLUID GLUCOSE (PLEURAL, PERICARDIAL, PERITONEAL, AMNIOTIC, SYNOVIAL)	PHP 475.00
LAB0064	FLUID LDH (PLEURAL, PERICARDIAL, PERITONEAL, AMNIOTIC, SYNOVIAL)	PHP 550.00
LAB0065	FLUID PROTEIN (PLEURAL, PERICARDIAL, PERITONEAL, AMNIOTIC, SYNOVIAL)	PHP 475.00
LAB0066	FLUID -WBC WITH DIFFERENTIAL COUNT	PHP 570.00
LAB0067	FRESH FROZEN PLASMA	PHP 1,000.00

LAB0204	FRUCTOSAMINE ASSAY	PHP 520.00
LAB0205	HIGH SENSITIVE CRP	PHP 750.00
LAB0206	HBV DNA	PHP 5,760.00
LAB0207	HIV VIRAL LOAD	PHP 7,200.00
LAB0208	CORTISOL	PHP 800.00
LAB0209	ESTRADIOL	PHP 1,400.00
LAB0210	PROGESTERONE	PHP 1,495.00
LAB0211	PROGESTERONE WITH DILUTION	PHP 2,415.00
LAB0212	BIOPSIES (ENDOSCOPIC, CORE NEEDLE, PUNCH ETC)	PHP 2,300.00
LAB0213	BIOPSY SMALL	PHP 1,500.00
LAB0214	BIOPSY MEDIUM	PHP 2,300.00
LAB0215	BIOPSY LARGE	PHP 3,900.00
LAB0216	BIOPSY RADICAL	PHP 5,600.00

CITIZEN'S CHARTER



LAB0068	FSH (FOLLICLE-STIMULATING	PHP 900.00	LAB0217	PAP SMEAR	PHP 400.00
	HORMONE)				
LAB0069	FT3 (ECLIA)	PHP 730.00	LAB0218	NON GYNE WITHOUT CELL BLOCK (4 SLIDES ONLY)	PHP 2,100.00
LAB0070	FT4 (ECLIA)	PHP 730.00	LAB0219	NON GYNE WITH CELL BLOCK	PHP 2,900.00
LAB0071	GGT (GAMMA-GLUTAMYL TRANSFERASE)	PHP 380.00	LAB0220	DRUG TEST	PHP 250.00
LAB0072	GLUCOSE JUICE (50,75 AND 100 GRAMS)	PHP 150.00	LAB0221	SODIUM, POTASSIUM, CHLORIDE, IONIZED CALCIUM	PHP 900.00
LAB0073	GLYCOMARK (1,5 AG)	PHP 1,200.00	LAB0222	ONI CHEM 6 (FBS, BUN, CREA, BUA, CHOLE, TAG)	PHP 740.00
LAB0074	GRAM STAIN (GS)	PHP 200.00	LAB0223	ONI CHEM 8 (FBS, BUN, CREA, BUA, CHOLE, TRIG, AST, ALT)	PHP 1,000.00
LAB0075	GROWTH HORMONE	PHP 2,800.00	LAB0224	ONI CHEM 10 (FBS, BUN, CREA, BUA, LIPID PROF, AST, ALT)	PHP 1,250.00
LAB0076	H PYLORI STOOL ANTIGEN	PHP 1,600.00	LAB0225	Processing Fee	PHP 150.00
LAB0077	H. PYLORI (QUALITATIVE)	PHP 1,000.00	LAB0226	CD4	PHP 2,500.00
LAB0078	H. PYLORI IG G(QUANTITATIVE)	PHP 1,950.00	LAB0227	COVID RAPID TEST	PHP 1,500.00
LAB0079	H. PYLORI IGM (QUANTITATIVE)	PHP 1,950.00	LAB0228	COMPATIBILITY TESTING	PHP 50.00
LAB0080	H/H (HEMATOCRIT/HEMOGLOBIN)	PHP 125.00	LAB0229	HISTOPATH MISCELLANEOUS (FORMALIN, ALCOHOL 95%, ETC.)	PHP 100.00
LAB0081	HBA1C	PHP 650.00	LAB0230	C – ALBUMIN	PHP 120.00
LAB0082	HBEAG	PHP 480.00	LAB0231	C – ALKALINE PHOSPHATASE	PHP 150.00
LAB0083	HBSAG SCREENING (QUALI)	PHP 240.00	LAB0232	C – ALT/SGPT	PHP 130.00
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LAB0084	HBSAG WITH TITER(QUANTI)	PHP 590.00
LAB0085	HEMODIALYSIS PANEL 1 (NA, K, PRE/POST BUN, CA, PHOS, ALB, CREA, URIC)	PHP 1,200.00
LAB0086	HEMODIALYSIS PANEL 2	PHP 1,450.00
LAB0087	HEMODIALYSIS PANEL 3	PHP 1,850.00
LAB0088	HD PANEL 4 (HBSAG, ANTI-HBS, ANTI-HCV)	PHP 2,000.00
LAB0089	HD PANEL 5 (FERRITIN, IRON, TIBC)	PHP 2,550.00
LAB0090	HDL (HIGH-DENSITY LIPOPROTEIN) + LDL (LOW-DENSITY LIPOPROTEIN)	PHP 210.00
LAB0091	HE 4	PHP 4,000.00
LAB0092	HEMATOCRIT	PHP 70.00
LAB0093	HEMOGLOBIN	PHP 70.00
LAB0094	HEMOGLOBIN, HEMATOCRIT, PLATELET COUNT	PHP 220.00
LAB0095	HEPA PROFILE 4: HEPA B AND C PROFILE (HBSAG, ANTI HBS, ANTI HBC TOTAL, ANTI HCV)	PHP 1,850.00
LAB0096	HEPAPROFILE 1 : HEPA B SCREENING (HBSAG TITER + ANTI HBS)	PHP 1,300.00

LAB0233	C – AMYLASE	PHP 335.00
LAB0234	C – APTT (ACTIVATED PARTIAL THROMBOPLASTIN TIME)	PHP 425.00
LAB0235	C – AST/SGOT	PHP 130.00
LAB0236	C – BLOOD URIC ACID (BUA)	PHP 115.00
LAB0237	C – BODY FLUID ANALYSIS (GLUCOSE, TOTAL PROTEIN, CELL CT/DIFF CT, PH)	PHP 1,350.00
LAB0238	C – BUN (BLOOD UREA NITROGEN)	PHP 115.00
LAB0239	C – CBC (COMPLETE BLOOD COUNT) WITH PLATELET COUNT	PHP 200.00
LAB0240	C – CHLORIDE	PHP 140.00
LAB0241	C – CREATININE	PHP 115.00
LAB0242	C – CREATININE CLEARANCE	PHP 480.00
LAB0243	C – DBIB/B1B2	PHP 185.00
LAB0244	C – D-DIMER	PHP 2,800.00
LAB0245	C – FBS / RBS / 2HPBS (FASTING BLOOD SUGAR / RANDOM BLOOD SUGAR / 2 HRS. POST PRANDIAL BLOOD SUGAR) (EACH)	PHP 95.00



LAB0097	HEPAPROFILE 2 : HEPA B FULL PANEL (HBSAG, ANTI HBS, HBE AG, ANTI HBE, ANTI HBC IGM, ANTI HBC IGG)	PHP 2,500.00
LAB0098	HEPAPROFILE 3: HEPA A AND B PROFILE (HEPA 2+ ANTI HAV)	PHP 3,300.00
LAB0099	HEPAPROFILE 5: HEPA A, B, C PROFILE	PHP 4,300.00
LAB0100	HIV RAPID (QUALITATIVE)	PHP 700.00
LAB0101	HSV SCREENING	PHP 850.00
LAB0102	INDIA INK	PHP 300.00
LAB0103	INORGANIC PHOSPHORUS	PHP 250.00
LAB0104	IONIZED CALCIUM	PHP 530.00
LAB0105	IRON (FE)	PHP 400.00
LAB0106	KIDNEY STONE ANALYSIS BY FTIR	PHP 2,500.00
LAB0107	KOH WET SMEAR (POTASSIUM HYDROXIDE)	PHP 180.00
LAB0108	LDH / LACTATE DEHYDROGENASE (SERUM)	PHP 250.00

LAB0246	C – FLUID ALBUMIN (PLEURAL, PERICARDIAL, PERITONEAL)	PHP 475.00
LAB0247	C – FLUID GLUCOSE (PLEURAL, PERICARDIAL, PERITONEAL, AMNIOSTIC, SYNOVIAL)	PHP 475.00
LAB0248	C – FULID PROTEIN (PLEURAL, PERICARDIAL, PERITONEALN AMNIOTIC, SYNOVIAL)	PHP 475.00
LAB0249	C – FLUID – WBC WITH DIFFERENTIAL COUNT	PHP 570.00
LAB0250	C – HBA1C	PHP 750.00
LAB0251	C – HDL (HIGH-DENSITY LIPOPROTEIN) + LDL (LOW- DENSITY LIPOPROTEIN)	PHP 210.00
LAB0253	C – HEMODIALYSI PANEL 1 (NA, K, PRE/POST BUN, CA, PHOS, ALB, CREA, URIC)	PHP 1,000.00
LAB0254	C – HEMODIALYSIS PANEL 2	PHP 1,450.00
LAB0255	C – HEMODIALYSIS PANEL 3	PHP 1,850.00
LAB0256	C – HEMOGLOBIN	PHP 70.00
LAB0257	C – HEMOGLOBIN, HEMATOCRIT, PLATELET COUNT	PHP 150.00
LAB0258	C – INORGANIC PHOSPHORUS	PHP 250.00



LAB0109	LE PREPARATION (LUPUS ERYTHEMATOSUS)	PHP 280.00
LAB0110	LH (LUTEINIZING HORMONE)	PHP 950.00
LAB0111	LIPASE	PHP 330.00
LAB0112	LIPID PROFILE (TOTAL CHOLESTEROL, TRIGLYCERIDES, HDL)	PHP 550.00
LAB0113	LIVER PANEL (ALT, AST, ALP, DBIB ,TPAG)	PHP 900.00
LAB0114	MAGNESIUM	PHP 300.00
LAB0115	MALARIAL SMEAR SCREENING (MS)	PHP 170.00
LAB0116	MICRAL TEST (MICRO ALBUMIN)	PHP 350.00
LAB0117	MICROALBUMIN/CREATININE RATIO	PHP 1,650.00
LAB0118	I-NEWBORN SCREENING (REGULAR)	PHP 600.00
LAB0119	OGCT-ORAL GLUCOSE CHALLENGE TEST (50 GRAMS)	PHP 530.00
LAB0120	OGTT -ORAL GLUCOSE TOLERANCE TEST (100,75,50 GRAMS)	PHP 660.00
LAB0121	OTHER C/S (EXUDATES, RESPIRATORY & OTHER BODY FLUIDS)	PHP 1,250.00

LAB0259	C – IONIZED CALCIUM	PHP 530.00
LAB0260	C – LDH / LACTATE DEHYDROGENASE (SERUM)	PHP 250.00
LAB0261	C – LIPASE	PHP 330.00
LAB0262	C – LIPID PROFILE (TOTAL CHOLESTEROL, TRIGLYCERIDES, HDL)	PHP 550.00
LAB0263	C – LIVER PANEL (ALT, AST, ALP, DBIB, TPAG)	PHP 900.00
LAB0264	C – MAGNESIUM	PHP 300.00
LAB0265	C – ONI CHEM 10 (FBS, BUN, CEA, BUA, LIPID PROF, AST, ALT)	PHP 1,250.00
LAB0266	C – ONI CHEM 6 (FBS, BUN, CREA, BUA, CHOLE, TAG)	PHP 740.00
LAB0267	C – ONI CHEM 8 (FBS, BUN, CREA, BUA, CHOLE, TRIG, AST, ALT)	PHP 1,000.00
LAB0268	C – PERIPHERAL BLOOD SMEAR	PHP 220.00
LAB0269	C – PLATELET COUNT (PC)	PHP 120.00
LAB0270	C - POTASSIUM (K+)	PHP 140.00
LAB0271	C - POTASSIUM AND SODIUM	PHP 270.00



90122 PACKED RED BLOOD CELLS	PHP 1,500.00	LAB0272	C – POTASSIUM, SODIUM, CHLORIDE	PHP 410.00
PARATHYROID HORMONE (PTH)	PHP 1,850.00	LAB0273	C – POTASSIUM, SODIUM, CHLORIDE, TOTAL CALCIUM, IONIZED CALCIUM	PHP 1,105.00
0124 PERIPHERAL BLOOD SMEAR	PHP 220.00	LAB0274	C – PT (PROTHROMBIN TIME)	PHP 405.00
90125 PLATELET COUNT (PC)	PHP 120.00	LAB0275	C – RED CELL INDICES (RCI)	PHP 100.00
0126 POTASSIUM (K+)	PHP 140.00	LAB0276	C – RETICULOCYTES COUNT	PHP 200.00
0127 POTASSIUM AND SODIUM	PHP 270.00	LAB0277	C – SODIUM (NA-)	PHP 140.00
POTASSIUM, SODIUM, CHLORIDE	PHP 410.00	LAB0278	C – SODIUM, POTASSIUM, CHLORIDE, IONIZED CALCIUM	PHP 900.00
POTASSIUM, SODIUM, CHLORIDE, TOTAL CALCIUM, IONIZED CALCIUM	PHP 1,105.00	LAB0279	C – TOTAL CALCIUM	PHP 135.00
90130 PREGNANCY TEST (SERUM)	PHP 300.00	LAB0280	C – TOTAL CHOLESTEROL	PHP 120.00
PREGNANCY TEST (URINE)	PHP 190.00	LAB0281	C – TOTAL IRON BINDING CAPACITY (TIBC) WITH IRON	PHP 800.00
0132 PROCALCITONIN	PHP 5,040.00	LAB0282	C – TOTAL PROTEIN	PHP 170.00
90133 PROLACTIN	PHP 850.00	LAB0283	C – TOXIC GRANULATION (TG)	PHP 80.00
PROSTATIC ACID PHOSPHATASE (MALE)	PHP 1,720.00	LAB0284	C – TPAG (TOTAL PROTEIN ALBUMIN GLOBULIN)	PHP 350.00
90135 PT (PROTHROMBIN TIME)	PHP 320.00	LAB0285	C – TRIGLYCERIDES	PHP 180.00
80136 RA/ RF QUALITATIVE (RHEUMATOID FACTOR)	PHP 360.00	LAB0286	C – URINE ALBUMIN	PHP 670.00
80137 RA/RF WITH DILUTION	PHP 600.00	LAB0287	C – URINE CHLORIDE	PHP 440.00
FACTOR)	· ·	DILUTION PHP 600.00		DILUTION PHP 600.00 LAB0287 C – URINE CHLORIDE



LAB0138	RBC MORPHOLOGY (URINE)	PHP 180.00
LAB0139	RED CELL INDICES (RCI)	PHP 100.00
LAB0140	RETICULOCYTES COUNT	PHP 200.00
LAB0141	RH (RHESUS) TYPING	PHP 100.00
LAB0142	RPR QUALITATIVE (RAPID PLASMA REAGIN) (VDRL) (SYPHILIS)	PHP 200.00
LAB0143	RUBELLA SCREENING	PHP 850.00
LAB0144	SALMONELLA KIT IGG & IGM (QUALITATIVE)	PHP 1,600.00
LAB0145	SEMEN ANALYSIS (WHO)	PHP 850.00
LAB0146	SODIUM (NA-)	PHP 140.00
LAB0147	STOOL C/S	PHP 1,500.00
LAB0148	STOOL PH	PHP 300.00
LAB0149	T3 TRIIODOTHYRONINE (ECLIA)	PHP 430.00

LAB0288	C – URINE CREATININE	PHP 350.00
LAB0289	C – URINE POTASSIUM	PHP 450.00
LAB0290	C – URINE PROTEIN	PHP 450.00
LAB0291	C – URINE SODIUM	PHP 450.00
LAB0292	C – WBC DIFFERENTIAL COUNT	PHP 150.00
LAB0295	C – FLUID LDH (PLEURAL, PERICARIDAL, PERITONEAL, AMNITIC, SYNOVIAL)	PHP 550.00
LAB0296	C – OGCT – ORAL GLUCOUSE CHALLENGE TEST (50 GRAMS)	PHP 530.00
LAB0297	C – OGTT – ORAL GLUCOSE TOLERANCE TEST (100, 75, 50 GRAMS)	PHP 660.00
LAB0298	C – H/H (HEMATOCRIT/HEMOGLOBIN)	PHP 125.00
LAB0299	C – FERRITIN	PHP 1,100.00
LAB0300	C – PROCALCITONIN	PHP 5,040.00
LAB0301	C – TROPONIN I (HS)	PHP 1,950.00



20. PREPARASYON AT PAGBIBIGAY NG MGA SERTIPIKASYON (MEDICAL CERTIFICATE: CERTIFICATE OF CONFINEMENT, INPATIENT, OPDEMERGENCY AND OUTPATIENT)

Proseso ng pagprepara at pagbibigay ng mga sertipikasyon sa mga pasyente na nagpakonsulta sa Emergency Department (ED) at Outpatient Department (OPD) at mga pasyente sa Nursing Ward ng Ospital ng Imus. Ang Sertipikasyon ay isang nakatitik na salaysay ng doktor na nagpapatunay ng resultang medikal ng isang pasyente. Ito ay nagsisilbing katunayan sa estado ng kalusugan ng pasyente kung ito ay maaari ng bumalik sa normal na pang araw-araw na gampanin.

OPISINA o DIBISYON	Ospital ng Imus – Health In	Ospital ng Imus – Health Information Management Department			
KLASIPIKASYON	Simple	Simple			
URI NG TRANSAKSYON	G2C – Government to Citiz	ens			
SINO ANG NANGANGAILANGAN NG SERBISYO	,	Kinatawan ng Pasyente			
TSEKLIST NG KAILANGANG D	OKUMENTO		SAAN MAKUKUHA	4	
Kung Pasyente:					
Government Issued ID o Valid ID		Pangasiwaan/ Ahensya		igay ng Valid ID	
Requisition Slip		Health Information Man	agement Department		
Kung Kinatawan ng Pasyente					
Government Issued ID o Valid ID ng Pasyente o Ar	umang dokumento na	Pangasiwaan/ Ahensya	ng Gobyerno na nagbib	igay ng Valid ID	
magpapatunay ng pagkakakilanlan ng pasyente					
Government Issued ID o Valid ID ng Awtorisadong	Kinatawan ng Pasyente	Pangasiwaan/ Ahensya	ng Gobyerno na nagbib	igay ng Valid ID	
Authorization Letter		Pasyente			
Requisition Slip		Health Information Management Department			
HAKBANG NG KLIYENTE	KSYON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
Punan ng impormasyon ang Requisition Slip. Tanggapin ang Requisition Slip.		Wala	1 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department	
Ipakita at ibigay ang mga kailangang dokumento sa pagkuha ng sertipikasyon. Ipakita at ibigay ang mga kailangang dokumento ng pasyente o kinatawan nito at tingnan kung ito ay kumpleto.		Wala	4 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido	



	Kung hindi kumpleto, ipaalam at ipaliwanag na kailangang makumpleto muna ang mga kailangang dokumento at impormasyon bago maaprubahan ang rekwesisyon.			Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department
	2.2 Tingnan sa Hospital Information System (HIS) at kuhanin ang medical chart ng pasyente upang masuri kung may kamalian sa pagtatala.	Wala	30 minuto	
	2.3 Isagawa at iimprenta ang hinihiling na sertipikasyon.	Wala	3 minuto	
	2.4 Kunin ang lagda ng doktor na tumingin sa pasyente sa ibabaw ng limbag na pangalan sa sertipikasyon. Kung wala ang doktor na tumingin sa pasyente, maaaring papirmahin ang doktor na tumitingin ng parehong sakit sa sertipikasyon.	Wala	5 minuto	
3. Sagutan ang dokumentong ibibigay ng Records Officer depende sa kung ano ang nirekwes na sertipikasyon.		Wala	3 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department

4. Pumunta sa Cashier at magbayad ng kaukulang babayarin.	4. Bigyan ng instruksyon ang pasyente o awtorisadong kinatawan nito na pumunta sa kahera upang bayaran ang kaukulang babayarin.	PHP 75.00	2 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department	
5. Ipakita ang opisyal na resibo, tanggapin ang sertipikasyon o sertipikadong rekord na hiniling at pumirma sa Releasing Logbook ng Health Information Management Department.	resibo, ibigay ang sertipikasyon at papirmahin ang pasyente o kinatawan nito sa Releasing Logbook.	Wala	2 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department	
Sagutan ang Client Satisfaction Rating Form					
	KABUUAN	PHP 75.00	50 MINUTO		



21. PREPARASYON AT PAGBIBIGAY NG MEDICO-LEGAL REPORT

Proseso ng pagprepara at pagbibigay ng Medico-Legal Report sa mga pasyente na nagpakonsulta sa Ospital ng Imus. Sa Medico-legal Report nakasaad ang kapinsalaang natamo sa isang aksidente o insidenteng naganap sa isang pasyente.

OPISINA o DIBISYON	ation Management Depar	rtment			
KLASIPIKASYON	Simple	Simple			
URI NG TRANSAKSYON	G2C – Government to Citizens				
SINO ANG NANGANGAILANGAN NG	Pasyente o Awtorisadong Kinat	awan ng Pasyente			
SERBISYO					
TSEKLIST NG KAILANGA	NG DOKUMENTO		SAAN MAKUKUI	HA	
Kung Pasyente					
Government Issued ID o Valid ID		Pangasiwaan/ Ahensya			
Requisition Slip		Health Information Man			
Philippine National Police (PNP) Request		Philippine National Police	ce		
Kung Kinatawan ng Pasyente		T			
Government Issued ID o Valid ID ng Pasyente		Pangasiwaan/ Ahensya	ng Gobyerno na nag	bibigay ng Valid ID	
magpapatunay ng pagkakakilanlan ng pasyent		<u> </u>			
Government Issued ID o Valid ID ng Awtorisad	ong Kinatawan ng Pasyente	Pangasiwaan/ Ahensya	ng Gobyerno na nag	bibigay ng Valid ID	
Authorization Letter		Pasyente			
Requisition Slip		Health Information Management Department			
Philippine National Police (PNP) Request	ALCOVONING ALIENOVA	Philippine National Police			
HAKBANG NG KLIYENTE	AKSYON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
1. Punan ng impormasyon ang 1.	Tanggapin ang Requisition Slip.	Wala	1 minuto	Carolyn A. Lapidario	
Requisition Slip.	ranggapin ang Kequisition Silp.	vvala	i illilluto	Maria Christina O.	
requisition onp.				Mancenido	
				Aldwin N. Dela Fuente	
				John Mervyn P. Gamayon	
				Kyle A. Ramos	
				Ismhael S. Ilano	
				Jicel Kamil I. Saliente	
				Robin G. Montalban	
				Health Information	
				Management Department	
2. Ipakita at ibigay ang mga kailangang 2.1	Siyasatin ang mga ipinakitang	Wala	4 minuto	Carolyn A. Lapidario	
dokumento sa pagkuha ng doku	mento ng pasyente o kinatawan nito at			Maria Christina O.	
sertipikasyon. tingna	an kung ito ay kumpleto. Kung hindi			Mancenido	



	kumpleto, ipaalam at ipaliwanag na kailangang makumpleto muna ang mga kailangang dokumento at impormasyon bago maaprubahan ang rekwesisyon.			Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente
	2.2 Tingnan sa Hospital Information System (HIS) at kuhanin ang medical chart ng pasyente upang masuri kung may kamalian sa pagtatala.	Wala	30 minuto	Robin G. Montalban Health Information Management Department
	2.3 Isagawa at iimprenta ang hinihiling na report.	Wala	3 minuto	
	2.4 Kunin ang lagda ng doktor na tumingin sa pasyente sa ibabaw ng limbag na pangalan sa sertipikasyon. Kung wala ang doktor na tumingin sa pasyente, kukuhanin ng Records Officer ang contact number ng pasyente na maaaring matawagan kapag napirmahan na ng doktor ang nasabing medico-legal report. Kung ang doktor ay kasalukuyang nakaduty sa ospital, papirmahin ang doktor na tumitingin ng parehong sakit sa sertipikasyon.	Wala	5 minuto	
3. Sagutan ang dokumentong ibibigay ng Records Officer depende sa kung ano ang nirekwes na sertipikasyon.	3. Tanggapin at suriin ang mga kaukulang babayarin.	Wala	3 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department

4. Pumunta sa Cashier at magbayad ng kaukulang babayarin.	4. Bigyan ng instruksyon ang pasyente o awtorisadong kinatawan nito na pumunta sa kahera upang bayaran ang kaukulang babayarin.	PHP 100.00	2 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department	
5. Ipakita ang opisyal na resibo, tanggapin ang medico-legal report na hiniling at pumirma sa Releasing Logbook ng Health Information Management Department.	resibo, ibigay ang medico-legal report at papirmahin ang pasyente o kinatawan nito sa Releasing Logbook.	Wala	2 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department	
Sagutan ang Client Satisfaction Rating Form					
	KABUUAN	PHP 100.00	50 minuto		



22. PREPARASYON AT PAGBIBIGAY NG SERTIPIKASYON NG KAPANGANAKAN O SERTIPIKASYON NG KAMATAYAN NG PASYENTE

Preparasyon at pagbibigay ng Sertipikasyon ng Kapanganakan sa mga sanggol na ipinanganak sa Ospital ng Imus at Sertipikasyon ng Kamatayan sa mga pasyente na namatay sa Ospital ng Imus.

OPISINA o DIBISYON		Ospital ng Imus – Health Information Management Department				
KLASIPIKASYON		Simple				
URI NG TRANSAKSYON		G2C – Government to	overnment to Citizens			
SINO ANG NANGANGAILANGAN NG S		Aworisadong Kinataw	an ng Pasyente			
TSEKLIST NG KAILANG				SAAN MAKUKUHA		
Para sa Pagkuha ng Sertipikasyon ng						
Marriage Certificate (kung kasal ang mga		bata)	Local Civil Registrar; Phili			
Sedula (kung hindi kasal ang mga magul	lang ng bata)			Treasurer's Office; Barangay	/ Hall	
Requisition Slip			Health Information Manag	gement Department		
Newborn Data Sheet			Nursing Ward			
Pagpapalaya ng Pananagutan sa mga M	laling Pagtatala	a at Pagpaparehistro	Health Information Manag	gement Department		
(Kapanganakan)						
Para sa Pagkuha ng Sertipikasyon ng	Kamatayan (I	Death Certificate):				
Government Issued ID o Valid ID ng Nan				<u>g Gobyerno na nagbibigay r</u>		
Government Issued ID o Valid ID ng Awt	orisadong Kina	atawan ng Pasyente	Pangasiwaan/ Ahensya ng Gobyerno na nagbibigay ng Valid ID			
Release of Body Form			Emergency Department; Nursing Ward; Operating Room			
Requisition Slip			Health Information Management Department			
Information Sheet for Death			Health Information Manag			
Pagpapalaya ng Pananagutan sa mga M (Kamatayan)	laling Pagtatala	a at Pagpaparehistro	Health Information Management Department			
HAKBANG NG KLIYENTE AKSYON NG AHENSYA		I NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
Punan ng impormasyon ang 1 Requisition Slip.	I. Tanggapin a	ng Requisition Slip.	Wala	1 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department	

IMUS

2. Ipakita at ibigay ang mga kailangang dokumento sa pagkuha ng sertipikasyon.	2. Siyasatin ang mga ipinakitang dokumento ng pasyente o kinatawan nito at tingnan kung ito ay kumpleto. Kung hindi kumpleto, ipaalam at ipaliwanag na kailangang makumpleto muna ang mga kailangang dokumento at impormasyon bago maaprubahan ang rekwesisyon.	Wala	4 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department
3. Sagutan ang dokumentong ibibigay ng Records Officer depende sa kung ano ang nirekwes na sertipikasyon.	3.1 Para sa sertipikasyon ng kapanganakan, pasagutan ang Newborn Data Sheet kung saan nakasaad ang mga detalye na ipapalagay ng magulang sa sertipikasyon ng kapanganakan ng kanilang anak. Para sa sertipikasyon ng kamatayan, pasagutan sa pinakamalapit na kamag-anak ng namatay na pasyente ang Information Sheet for Death.	Wala	5 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department
	3.2 Siyasatin ang mga impormasyon na sinulat ng kinatawan ng pasyente.	Wala	2 minuto	
	3.3 Kuhanin ang medical chart ng pasyente at kumpirmahin kung tama ang nakasaad na detalye.	Wala	7 minuto	
	3.4 Ilagay ang mga importanteng detalye sa sertipikasyon at magimprenta ng kopya nito.	Wala	5 minuto	



4. Suriing mabuti kung tama ang mga detalye na nakasaad sa sertipikasyon.	4. Ipakita sa kinatawan ng pasyente ang naimprentang kopya para sa huling pagrerepaso ng detalye na nakasaad sa nasabing sertipikasyon.	Wala	1 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department
5. Pirmahan ang Pagpapalaya ng Pananagutan sa mga Maling Pagtatala at Pagpaparehistro (Kapanganakan) o Pagpapalaya ng Pananagutan sa mga Maling Pagtatala at Pagrerehistro (Kamatayan) bilang katunayan na nasuring mabuti ang sertipikasyon bago maimprenta ng Records Officer.	5.1 Kung wala ng mali, kunin ang lagda ng kinatawan ng pasyente at papirmahin ito sa Pagpapalaya ng Pananagutan sa mga Maling Pagtatala at Pagpapalaya ng Pananagutan sa mga Maling Pagtatala at Pagrerehistro (Kamatayan) at mag-imprenta ng orihinal na kopya ng sertipikasyon.	Wala	*2 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department
	5.2 Papirmahin ang doktor sa Birth Certificate/ Death Certificate form.	Wala	*5 minuto	
	5.2 Itala sa Hospital Information System (HIS) ang kaukulang babayarin at ibigay sa kinatawan ng pasyente ang kaukulang babayarin.	Wala	3 minuto	
6. Pumunta sa Cashier upang magbayad ng kaukulang babayarin.	6. Papuntahin ang kinatawan ng pasyente sa Cashier upang magbayad.	PHP 100.00	1 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano

				Jicel Kamil I. Saliente Robin G. Montalban Health Information
				Management Department
7. Ibigay ang opisyal na resibo,	7. Suriin ang opisyal na resibo at	Wala	5 minuto	Records Officer II
makinig at intindihin ang mga tagubilin	magbigay ng mga tagubilin tungkol sa			Carolyn A. Lapidario
o panuto.	tamang paproseso ng sertipikasyong			Maria Christina O.
	nirekwes.			Mancenido
				Aldwin N. Dela Fuente
				John Mervyn P. Gamayon
				Kyle A. Ramos
				Ismhael S. Ilano
				Jicel Kamil I. Saliente
				Robin G. Montalban
				Health Information
O Tananania ann aorticileanna at	O This are a serial to a seria	\\\/_I_	0	Management Department
8. Tanggapin ang sertipikasyon at	8. Ibigay ang sertipikasyon at	Wala	2 minuto	Carolyn A. Lapidario Maria Christina O.
pumirma sa Releasing Logbook.	papirmahin sa Releasing Logbook ang kinatawan ng pasyente.			Mancenido
	ang kinatawan ng pasyente.			Aldwin N. Dela Fuente
				John Mervyn P. Gamayon
				Kyle A. Ramos
				Ismhael S. Ilano
				Jicel Kamil I. Saliente
				Robin G. Montalban
				Health Information
				Management Department
	Sagutan ang Client	Satisfaction Rating Form	•	
	KABUUAN	PHP 100.00	*43 minuto	

23. PREPARASYON AT PAGBIBIGAY NG SERTIPIKADONG KOPYA NG REKORD

Preparasyon at pagbibigay ng sertipikadong kopya ng rekord sa mga pasyente ng Ospital ng Imus. Ang sertipikadong kopya ng rekord ng pasyente ay binibigay pagkatapos ng kanilang rekwesisyon ng may pirma sa isinatitik na pangalan ng personel ng departamento ng rekords na nagpapatunay ng tamang detalyeng nakasaad sa bawat rekords.

OPISINA o DIBISYON		Ospital ng Imus – He					
KLASIPIKASYON		Simple		•			
URI NG TRANSAKSYON		G2C – Government to	o Citizens				
SINO ANG NANGANGAILANGAN NO	SERBISYO	Pasyente o Awtorisad	long Kinatawan ng Pasyente	9			
TSEKLIST NG KAILAN	GANG DOKUN	IENTO		SAAN MAKUKUHA			
Kung Pasyente							
Government Issued ID o Valid ID			Pangasiwaan/ Ahensya ng	Gobyerno na nagbibigay r	ng Valid ID		
Requisition Slip			Health Information Manage	ement Department			
Kung Kinatawan ng Pasyente							
Government Issued ID o Valid ID ng Pa		nang dokumento na	Panagsiwaan/ Ahensya ng	Gobyerno na nagbibigay r	ng Valid ID		
magpapatunay ng pagkakakilanlan ng							
Government Issued ID o Valid ID ng Av	wtorisadong Kir	atawan ng Pasyente	Panagsiwaan/ Ahensya ng	Gobyerno na nagbibigay r	ng Valid ID		
Authorization Letter			Pasyente				
Requisition Slip			Health Information Management Department				
HAKBANG NG KLIYENTE	AKSYON	I NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA		
Punan ng impormasyon ang Requisition Slip.	1. Tanggapin	ang Requisition Slip.	Wala	1 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department		
2. Ipakita at ibigay ang mga kailangang dokumento sa pagkuha ng sertipikasyon.	dokumento kinatawan nito kumpleto. Ku ipaalam at	ang mga ipinakitang ng pasyente o at tingnan kung ito ay ing hindi kumpleto, ipaliwanag na akumpleto muna ang	Wala	4 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano		

	mga kailangang dokumento at impormasyon bago maaprubahan ang rekwesisyon.			Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department
	2.2 Tingnan sa Hospital Information System (HIS) at kuhanin ang medical chart ng pasyente upang masuri kung may kamalian sa pagtatala, kung hindi kumpleto ang medical chart ng pasyente, kukuhanin ng Records Officer ang contact number ng pasyente na maaaring matawagan kapag kumpleto na at maaari nang magimprenta ng sertipikadong kopya ng record.	Wala	30 minuto	
	2.3 Isagawa at iimprenta ang hinihiling na sertipikadong kopya ng rekord batay sa dami ng rekwesisyon.	Wala	3 minuto	
	2.4 Tatakan ng Certified True Copy ang kopya ng rekord at papirmahan sa Records Officer ang nasabing kopya.	Wala	5 minuto	
3. Sagutan ang dokumentong ibibigay ng Records Officer depende sa kung ano ang nirekwes na sertipikasyon.	3. Tanggapin at suriin ang mga kaukulang babayarin.	Wala	3 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department

4. Pumunta sa Cashier at magbayad ng kaukulang babayarin.	4. Bigyan ng instruksyon ang pasyente o awtorisadong kinatawan nito na pumunta sa kahera upang bayaran ang kaukulang babayarin.	Tingnan sa Ibaba	2 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department
5. Ipakita ang opisyal na resibo, tanggapin ang sertipikasyon o sertipikadong rekord na hiniling at pumirma sa Releasing Logbook ng Health Information Management Department.	5. Tanggapin at suriin ang opisyal na resibo, ibigay ang sertipikadong kopya ng rekord at papirmahin ang pasyente o kinatawan nito sa Releasing Logbook.	Wala	2 minuto	Carolyn A. Lapidario Maria Christina O. Mancenido Aldwin N. Dela Fuente John Mervyn P. Gamayon Kyle A. Ramos Ismhael S. Ilano Jicel Kamil I. Saliente Robin G. Montalban Health Information Management Department
		t Satisfaction Rating Form		
	KABUUAN	Tingnan sa Ibaba	50 MINUTO	

Kaukulang halaga ng Babayaran para sa Sertipikadong Kopya:

Taong nakalipas	Halaga
Dalawang (2) taong nakalipas	PHP 50.00
Tatlo (3) hanggang limang (5) taong nakalipas	PHP 100.00
Anim (6) hanggang walong (8) taong nakalipas	PHP 125.00
Siyam (9) hanggang mahigit sampung (10) taong nakalipas	PHP 150.00
Seripikadong Kopya (Bawat piraso)	PHP 30.00



24. MGA HAKBANG NA SUSUNDIN SA PAGHINGI NG TULONG

Ang Medical Social Service ay responsable sa pagbibigay ng angkop na serbisyo sa mga pasyenteng nangangailangan ng medikal at pinansyal na tulong. Ang layunin ng Medical Social Service ay matulungan ang mga pasyente na magkaroon ng kakayahan na matugunan ang kanilang pinansyal at medikal na pangangailangan patungo sa kanilang kagalingan.

OPISINA o DIBISYON		Ospital ng Imus – Medical Social Services Department				
KLASIPIKASYON		Simple				
URI NG TRANSAKSYON	URI NG TRANSAKSYON G2C – Government to Citiz			ens		
SINO ANG NANGANGAILANGAN N	G SERBISYO	Lahat ng Karapat-dapat na	Residente ng Imus na na	akaadmit sa Ospital n	g Imus	
TSEKLIST NG KAI	LANGANG DOK	UMENTO		SAAN MAKUKU	JHA	
Prescription Pad / Request Slip			Prescribing Doctor			
Charge Slip			Ancillary Department			
Statement of Account			Billing Section			
Medical Certificate / Medical Abstract	or Discharge Su	mmary	Medical Records Depa	rtment		
Barangay Certificate			Barangay			
Voter's Certificate			Local Government Unit			
Utility Bills			Pribadong Ahensya na	Nagbibigay ng Babay	/arin	
HAKBANG NG KLIYENTE	AKSY	ON NG AHENSYA	HALAGA NG	TAGAL NG	TAONG NAKATALAGA	
			BABAYARAN	AKTIBIDAD		
1. Pumila at maghintay ng tawag	1. Tawagin at	magsagawa ng panayam	Wala	35 minuto	Social Welfare Officer I	
para sa pagsasagawa ng panayam	upang masur	ang klasipikasyon ng			Medical Social Services	
at masuri ng Social Welfare Officer.	pasyente.				Department	
2. Para sa OPD/ED na Pasyente:		riin ang mga dokumento na	Wala	35 minuto	Social Welfare Officer I	
Ipakita ang reseta/request na may	kailangan upan	g maiproseso ang mga ito.			Medical Social Services	
kaukulang presyo o charge slip.					Department	
Para sa In-Patient: Ipakita ang mga		a pasyente kung ano ang	Wala	19 minuto		
kaukulang dokumento na hinihingi	kinalabasan ng	pagsusuri at panayam.				
ng Social Welfare Officer. Kung ang						
pasyente ay pauwi na, ipakita ang						
kopya ng Statement of Account.			147.1.	4	0	
3. Pumunta sa kahera upang	3. Papuntahin ang pasyente o kamag-anak		Wala	1 minuto	Social Welfare Officer I	
bayaran ang mga kaukulang nito sa Cashier upang bayaran ang				Medical Social Services		
babayarin. kaukulang babayarin. Department						
	Sagutan ang Client Satisfaction Rating Form					
KABUUAN Wala 90 minuto						



25. PROSESO NG PAG-ADMIT NG PASYENTE SA NURSING WARD

Ang Nursing Ward ay responsable sa pagtanggap ng pasyente mula sa Emergency Department at Outpatient Department, paghahatid ng maalaga at maayos na serbisyo sa pasyente hanggang sa makalabas ito ng ospital.

na serbisyo sa pasyerite nanggang sa ma	Raiabas ito rig	y ospital.			
OPISINA o DIBISYON Ospital ng Imus – Nursing			Vard		
KLASIPIKASYON		Simple			
URI NG TRANSAKSYON		G2C – Government to Citize	ens		
SINO ANG NANGANGAILANGAN NG S	SERBISYO	Lahat ng Naka-admit na Pa	syente		
TSEKLIST NG KAILAN	NGANG DOK	CUMENTO		SAAN MAKUKUHA	
Patient Data Sheet			Admitting Department		
Admitting Form			Admitting Department		
Patient Informed Consent			Admitting Department		
Emergency Patient Data Sheet			Emergency Department		
HAKBANG NG KLIYENTE	AKS	YON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
1. Alamin kung anong numero ng kwarto ang inilaan para sa pasyente.	Department Nursing W Nurse ay kwarto na base sa kla 1.2 Ang makatatang mula sa Department pasyente, m	tauhan ng Admitting tay ipapaalam sa Nurse sa /ard ang admisyon. Ang maglalaan ng numero ng paglalagyan ng pasyente sipikasyon. Nurse sa Ward ay igap ng paunang tawag Nurse sa Emergency ta para sa admisyon (kaso ng nga nakakabit at kagamitang kailangan ng pasyente).	Wala Wala	2 minuto 2 minuto	Administrative Officer I Clerk III Admitting Department Nurse I Nursing Service Department
	kakailangar	a ang kwarto at gamit na nin ng pasyente. Nurse sa Ward ay	Wala Wala	5 minuto 2 minuto	Nurse I Midwife I Nurse I
	mula sa Department	gap ng pangalawang tawag Nurse sa Emergency t kung ang kwarto ay handa ri ng dalhin ang pasyente.			Nursing Service Department

Tumungo sa inilaang kwarto ng Admitting Department Personnel.	2. Ang Nurse sa Emergency Department ay maglilipat ng pasyente sa Nursing Ward.	Wala	5 minuto	Nurse I Nursing Service Department		
	3.1 Ang Nurse sa Ward ay tutungo sa kwarto kasama ang pasyente para suriin at ipaalam ang patakaran at tuntunin ng Nursing Ward.	Wala	5 minuto	Nurse I Nursing Service Department		
	3.2 Ang Nurse sa Emergency Department ay ibibilin ang pasyente sa Ward Nurse on duty para sa patuloy na pangangalaga.	Wala	10 minuto			
Sagutan ang Client Satisfaction Rating Form						
	KABUUAN	Wala	31 minuto			



26. PAGDISCHARGE NG PASYENTE SA NURSING WARD

Ang Nursing Ward ay responsable sa pagpapalabas ng naka-admit na pasyente pagkatapos mabigyan ng karampatang lunas at makitaan ng senyales na maaari na itong makauwi.

OPISINA o DIBISYON		Ospital ng Imus – Nursing Ward				
KLASIPIKASYON	SYON Simple					
URI NG TRANSAKSYON G2C – Government to Cit			zens			
SINO ANG NANGANGAILANGAN NG SERBISYO Lahat ng pauuwiin na pa			/ente			
TSEKLIST NG KAIL	ANGANG DOKU	JMENTO		SAAN MAKUKU	IHA	
Patient Discharge Slip			Nursing Ward			
Professional Fee Form			Admitting Department			
Patient Satisfaction Survey (Inpatient)			Nursing Ward			
Patient's Clearance Form			Cash Operations Depa	rtment; Billing Section		
Statement of Account			Billing Section			
HAKBANG NG KLIYENTE	AKSYO	ON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
Ang pasyente o kamag anak ay maghanda sa pag-uwi.	1.1 Ang doktor ay magbibigay ng instruksyon sa mga dapat sundin sa pag-uwi ng pasyente.		Wala	5 minuto	Medical Officer III Medical Specialist I Medical Specialist II Medical Department	
	1.2 Ang Nurse sa Ward ay magpapaalam sa iba pang doktor kung maaari ng umuwi ang pasyente at kung may mga pahuling bilin.		Wala	15 minuto	Nurse I Nursing Service Department	
	1.3 Tingnan at alamin ang lahat ng mga nagamit at ibalik ang mga hindi nagamit na gamot sa Pharmacy Department at ihanda ang Patient Discharge Slip.		Wala	15 minuto		
	Information Sy home (MGH) of	pasyente sa Hospital stem (HIS) ng may-go- clearance at tawagan ang tamento na nagbigay ng yente.	Wala	5 minuto		

	KABUUAN	Depende sa kaukulang babayarin	1 oras	
6. Maghanda para sa pag-uwi.	6. Kumpletuhin ang lahat ng dokumento ng pasyente.	Wala	5 minuto	Nurse I Nursing Service Department
	5.2 Ipaalam sa pasyente o kamag-anak nito kung saan dadalhin ang Patient Discharge Slip at Patient's Clearance Form bago umuwi.	Wala	1 minuto	N
5. Makinig sa instruksyon na ituturo ng Nurse sa Ward at magtanong kung kinakailangan.	5.1 Kapag ang pasyente o kamag-anak ay nakabayad na ng kaukulang babayarin, ang magtuturo ng instruksyon sa pasyente o kamag-anak at tanggalin ang anumang nakakabit na gamit.	Wala	5 minuto	Nurse I Nursing Service Department
4. Pumunta sa Benefits Section at Cashier.	4. Utusan ang kamag-anak ng pasyente na tumungo sa Benefits Section para sa Philhealth coverage at magbayad sa Cashier.	Depende sa kaukulang babayarin	5 minuto	Nurse I Nursing Service Department
3. Ang pasyente o kamag-anak ay sasagutan ang Patient Satisfaction Survey (Inpatient) at ihulog sa kahon.	3. Magbigay ng Patient Satisfaction Survey para ito ay sagutan.	Wala	1 minuto	Nurse I Nursing Service Department
2. Tumungo sa Billing Section para ibigay ang Patient Discharge Slip kasama ang Professional Fee Form.	2. Ibigay ang Patient Discharge Slip kasama ang Professional Fee Form sa kamag-anak ng pasyente at ituro kung nasaan ang Billing Section.	Wala	1 minuto	Nurse I Nursing Service Department
	1.6 Tumawag sa Billing Section kung ang pasyente ay maaari ng pauwiin.	Wala	1 minuto	
	1.5 Kapag ang pasyente ay naklaro na sa ibang departamento, ang Nurse sa Ward ay i-tatag ang pasyente para sa pag uwi.	Wala	1 minuto	



27. KONSULTASYON SA OUTPATIENT DEPARTMENT

Ang Out Patient Department ay nagbibigay ng libreng kalidad na konsultasyon (OB-Gyne, Internal Medicine, Surgery, Pediatrics) sa lahat ng mga pasyenteng nangangailangan ng serbisyong medikal.

nanganganangan ng serbisyong medikar						
OPISINA o DIBISYON		Ospital ng Imus - Outpatien	Ospital ng Imus – Outpatient Department			
		Simple				
URI NG TRANSAKSYON G2C – Government to Citize		ens				
SINO ANG NANGANGAILANGAN NG		Lahat				
TSEKLIST NG KAILA	NGANG DOK	UMENTO		SAAN MAKUKI	JHA	
Government Issued ID o Valid ID			Pangasiwaan/ Ahensya	a ng Gobyerno na nag	gbibigay ng Valid ID	
Philhealth ID			PhilHealth - Local Heal	th Insurance Office		
HAKBANG NG KLIYENTE	AKS	YON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
1. Maupo sa OPD waiting area at ihanda ang Hospital ID upang mabilis na mahanap ang OPD Chart. Para sa bagong pasyente, sagutan ang mga detalyeng hinihingi sa Out Patient Record	kanilang oras	ng pagdating	Wala	1 minuto	Security Guard on Duty Security Department	
2. Maghintay na tawagin ang numero para sa "screening" o "triaging".	2. Lagyan ng numero ang Out Patient Record ayon sa departamentong kinabibilangan ng pasyente. Hanapin ang lumang chart ng mga pasyente at magbigay ng "Outpatient Record Form" para sa mga bagong pasyente. Irehistro ang pangalan at iba pang impormasyon ng pasyente sa Hospital Information System (HIS). Bigyan ng Patient Information Slip ang lahat ng bagong pasyente.		Wala	10 minuto	Administrative Officer II Clerk I Nurse I	
3. Maghintay ng tawag para sa "vital signs" (blood pressure, pulse rate, respiratory rate, temperature, O2 sat) timbang at taas.	al 3. Tawagin ang pangalan ng pasyente at e, timbangin, sukatin ang taas o height,		Wala	6 minuto	Administrative Officer II Clerk I Nurse I	
Maupo sa labas ng klinika pagkatapos tawagin sa mikropono ang pangalan.		ng Out Patient Record sa saan magpapakonsulta ang	Wala	5 minuto	Nurse I Nursing Services Department	

				Medical Record Officer Health Information Management Department	
				Administrative Officer II Clerk I	
Kumonsulta sa doktor.	5. Isagawa ang konsultasyon.	Wala	20 minutuo	Medical Officer III	
				Medical Specialist I	
				Medical Specialist II	
				Medical Department	
6. Bumalik sa OPD Nurse at ipakita	6. Gabayan ang pasyente sa mga order	Wala	5 minuto	Nurse I	
ang order ng doktor o reseta at	ng doktor, bigyan ng skedyul ang			Nursing Services Department	
magpalista para sa susunod na	pasyente ng "follow-up" at kolektahin			Administrative Officer II	
konsultasyon	lahat ng OPD Chart sa mga klinika.			Clerk	
Sagutan ang Client Satisfaction Rating Form					
	KABUUAN	Wala	47 minuto		



28. PROSESO NG PAGBIBIGAY NG GAMOT SA OUTPATIENT

Ang proseso ng pagbibigay ng gamot sa Outpatient ay ang pagbibigay ng tamang kailangang gamot ng pasyente. Ang pagbili ng gamot ay nangangailangan ng tamang proseso para maibigay ng maayos ang serbisyo.

ng tamang proseso para maibigay ng n	iaayus ariy serb	isyo.				
OPISINA o DIBISYON		Ospital ng Imus – Pharmacy	spital ng Imus – Pharmacy Department			
KLASIPIKASYON G2C - G		G2C - Government to Citize	S2C - Government to Citizens			
URI NG TRANSAKSYON Simple						
SINO ANG NANGANGAILANGAN NO	SERBISYO	Lahat				
TSEKLIST NG KAIL	ANGANG DOK	CUMENTO		SAAN MAKUKU	IHA	
Prescription Pad			Outpatient Department			
HAKBANG NG KLIYENTE	AKSY	ON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
Ipakita sa Pharmacist na nakaduty ang reseta na binigay ng doktor.		n at suriin ang detalye sa ikahin kung mayroong stock	Wala	2 minuto	Pharmacist I Pharmacist II Pharmacy Department	
	Hospital Inform	ang lahat ng babayaran sa mation System (HIS), iprint slip at ibigay sa pasyente n sa Cashier.	Wala	6 minuto		
Pumunta sa Cashier at bayaran sa kahera ang kaukulang babayaran.	at itala sa H (HIS).	pin ang bayad ng pasyente ospital Information System	Tingnan sa ibaba	5 minuto	Cashier I Cash and Operations Department	
		gamot na binili ng pasyente.	Wala	(5 minuto)	Pharmacist I Pharmacist II Pharmacy Department	
3. Bumalik sa Pharmacy Department at ipakita ang resibo kalakip ng charge slip.			Wala	2 minuto	Pharmacist I Pharmacist II Pharmacy Department	
	Sagutan ang Client Satisfaction Rating Form					
KABUUAN Tingnan sa ibaba 15 minuto						



29. PROSESO NG PAGBIBIGAY NG GAMOT SA MGA PASYENTE SA EMERGENCY DEPARTMENT

Ang proseso ng pagbibigay ng gamot sa pasyente na nasa Emergency Department ay ang pagbibigay ng tamang kailangang gamot ng pasyente. Ang

agbili ng gamot ay nangangailangan ng tamang proseso para maibigay ng maayos ang serbisyo.						
OPISINA o DIBISYON Ospital ng Imus – Pharmac		/ Department				
KLASIPIKASYON		G2G – Government to Gove	ernment	ernment		
URI NG TRANSAKSYON		Simple				
SINO ANG NANGANGAILANGAN N	IG SERBISYO	Lahat				
TSEKLIST NG KAI	LANGANG DOK	CUMENTO		SAAN MAKUKU	JHA	
Prescription Pad			Emergency Departmen	t		
HAKBANG NG KLIYENTE	AKSY	ON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA	
1. Ibigay ang Prescription Pad ng gamot at ipasok sa Hospital Information System (HIS) upang malaman ng Pharmacist on Duty.	Prescription F	at suriin ang detalye sa Pad at beripikahin kung k ng gamot.	Depende sa presyo ng gamot	5 minuto	Pharmacist I Pharmacist II Pharmacy Department	
Tanggapin at siyasatin kung tama ang naibigay na gamot.	2. Kung mayro ito sa Nurse on	oong stock ng gamot, ibigay duty.	Wala	1 minuto	Pharmacist I Pharmacist II Pharmacy Department	
3. Ipasok sa Hospital Information System ang nakuhang gamot sa Pharmacy.	•	nakuha para maidagdag sa	Tingnan sa ibaba	1 minuto	Pharmacist I Pharmacist II Pharmacy Department	
4. Pumunta sa Cashier upang magbayad.4. Papuntahin ang pasyente o kananak ng pasyente sa kahera magbayad para sa mga nagamit na g		syente sa kahera upang a sa mga nagamit na gamot.	Wala	2 minuto	Nurse on Duty	
Sagutan ang Client Satisfaction Rating Form						
	KABUUAN Tingnan sa ibaba 10 minuto					



30. PROSESO NG PAGBIBIGAY NG GAMOT SA INPATIENT

Ang proseso ng pagbibigay ng gamot sa Inpatient ay ang pagbibigay ng tamang kailangang gamot ng pasyente. Ang pagbili ng gamot ay nangangailangan ng tamang proseso para maibigay ng maayos ang serbisyo.

ng tamang proseso para maibigay ng maayos	s ang serbisyo.			
OPISINA o DIBISYON	Ospital ng Imus – Pharmacy	Department		
KLASIPIKASYON G2C - Government to Citiz		n; G2G – Government to Government		
URI NG TRANSAKSYON	Simple			
SINO ANG NANGANGAILANGAN NG SER	RBISYO Lahat			
TSEKLIST NG KAILANGA	ANG DOKUMENTO		SAAN MAKUKU	JHA
Wala		N/A		
HAKBANG NG KLIYENTE	AKSYON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
• • • • • • • • • • • • • • • • • • • •	quest sa Hospital Information System peripikahin kung mayroong stock ng	Wala	2 minuto	Pharmacist I Pharmacist II Pharmacy Department
	Irender at iprint ang charge slip. nda ang kailangang gamot ng yente.	Tingnan sa ibaba	5 minuto	
2. Tanggapin at siyasatin kung tama ang naibigay na gamot at pangalan ng pasyente. Kung tama, pirmahan ang charge slip at ibalik sa Pharmacist on Duty.	Ibigay ang nakahandang gamot sa se on Duty.	Wala	5 minuto	Pharmacist I Pharmacist II Pharmacy Department
	Sagutan ang Client Satisf	action Rating Form		
	KABUUAN	Tingnan sa ibaba	12 minuto	



Item ID	Pangalan ng Gamot	Halaga
MED0001	AMLODIPINE BESYLATE 5MG TABLET	PHP 1.00
MED0002	AMLODIPINE BESYLATE 10MG TABLET	PHP 1.00
MED0003	AMOXICILLIN TRIHYDRATE 250MG/ML SUSPENSION, 60ML	PHP 24.00
MED0004	AMOXICILLIN TRIHYDRATE 500MG CAPSULE	PHP 2.00
MED0006	ASCORBIC ACID 500MG TABLET	PHP 1.00
MED0007	ASPIRIN 80MG TABLET	PHP 2.00
MED0008	ATENOLOL 50MG TABLET	PHP 2.00
MED0009	ATORVASTATIN CALCIUM 40MG TABLET	PHP 13.00
MED0010	AZITHROMYCIN 500MG TABLET	PHP 20.00
MED0011	BETAHISTINE HCL 16MG TABLET	PHP 18.00
MED0012	BISACODYL 5MG TABLET	PHP 2.00
MED0013	BUDESONIDE 250MCG/ML NEBULE	PHP 39.00
MED0014	BUTAMIRATE CITRATE 50 MG TABLET	PHP 18.00
MED0015	CAPTOPRIL 25MG TABLET	PHP 1.00
MED0017	CEFALEXIN 500MG CAPSULE	PHP 3.00
MED0018	CEFIXIME 100MG/5ML SUSPENSION, 60ML	PHP 222.00

Item ID	Pangalan ng Gamot	Halaga
MED0292	ERYTHROMYCIN ETHYL	PHP 62.00
	SUCCINATE 200MG/5ML,	
	POWDER SUSPENSION 60ML	
MED0293	ESMOLOL 10MG/ML 10ML VIAL	PHP 1,320.00
MED0294	FERROUS SULFATE	PHP 24.00
	ELEMENTAL IRON 75MG/0.6ML	
	ORAL DROPS BOTTLE 15ML	
MED0295	FERROUS SULFATE	PHP 24.00
	ELEMENTAL IRON 150MG/5ML	
	SYRUP BOTTLE 60ML	
MED0296	FERROUS SULFATE+FOLIC	PHP 1.00
	ACID 60MG/400MCG,BLISTER	
MEDOOG	PACK CAPSULE	DUD 400
MED0297	GLICLAZIDE 30MG TABLET	PHP 4.00
MED0298	HEPARIN 1,000IU/ML, 5ML VIAL	PHP 83.00
MED0299	HEPATITIS B PEDIA VIAL	PHP 197.00
MED0300	HUMAN REGULAR INSULIN	PHP 229.00
	100IU/ML VIAL 10ML	
MED0301	HYPROMELLOSE 10MG/ML	PHP 258.00
	EYE DROPS SOLUTION	
	BOTTLE 10ML	
MED0302	IBUPROFEN 200MG/5ML	PHP 105.00
	SUSPENSION 60ML	
MED0303	INSULIN70/30 VIAL	PHP 208.00
MED0305	ISOSORBIDE DINITRATE	PHP 588.00
	1MG/ML AMPULE 10ML	
MED0306	ISOSORBIDE MONONITRATE	PHP 9.00
	60MG BLISTER PACK TABLET	
MED0307	LACTULOSE 3.3GRAMS/5ML	PHP 96.00
	SYRUP 120ML	
MED0308	LEVOFLOXACIN 5MG/ML	PHP 235.00
	100ML VIAL	



	-	
MED0019	CEFIXIME 20MG/ML DROPS, 10ML	PHP 208.00
MED0022	CEFUROXIME 500MG TABLET	PHP 13.00
MED0023	CELECOXIB 200MG CAPSULE	PHP 6.00
MED0025	CHLORAMPHENICOL 500MG CAPSULE	PHP 3.00
MED0026	CIPROFLOXACIN 500MG TABLET	PHP 2.00
MED0031	CLINDAMYCIN 150MG CAP	PHP 4.00
MED0032	CLINDAMYCIN 300MG CAP	PHP 8.00
MED0034	CLONIDINE 75MCG TABLET	PHP 8.00
MED0035	CLOPIDOGREL 75MG TABLET	PHP 3.00
MED0036	COTRIMOXAZOLE 800MG/160MG CAPSULE	PHP 2.00
MED0037	CO-AMOXICLAV 625MG TABLET	PHP 12.00
MED0040	DICLOFENAC NA 50MG TAB	PHP 1.00
MED0041	DIPHENHYDRAMINE HCL 50MG/ML AMP	PHP 40.00
MED0042	DIPHENHYDRAMINE HCL 50MG CAPSULE	PHP 2.00
MED0044	EPINEPHRINE HCL 1MG/ML AMP	PHP 43.00
MED0046	FERROUS SULFATE TABLET 325MG	PHP 5.00
MED0050	FOLIC ACID TABLET 5MG CAPSULE	PHP 4.00
MED0051	FUROSEMIDE 20MG TABLET	PHP 2.00
MED0052	FUROSEMIDE 40MG TABLET	PHP 3.00

	PHP 17.00
LOPERAMIDE 2MG CAPSULE	PHP 1.00
LOSARTAN POTASSIUM +	PHP 2.00
HCTZ 50MG/12.5MG BLISTER	
PACK TABLET	
MEBENDAZOLE 100MG/5ML	PHP 21.00
SUSPENSION 60ML	
MEROPENEM 1G VIAL	PHP 251.00
MONTELUKAST 10MG BLISTER	PHP 13.00
PACK TABLET	
MULTIVITAMINS DROPS 15ML	PHP 25.00
MULTIVITAMINS SYRUP 60ML	PHP 26.00
NALOXONE 400MCG/ML 1ML	PHP 440.00
AMPULE	
NOREPINEPHRINE	PHP 156.00
BITARTRATE 1MG/ML AMPULE	
2ML	
OFLOXACIN 200MG TABLET	PHP 7.00
PARACETAMOL 10MG /ML,	PHP 226.00
100ML VIAL	
PHYTOMENADIONE 2MG/0.2ML	PHP 29.00
AMPULE	
PREDNISONE 10MG/5ML	PHP 147.00
SUSPENSION 60ML	
SALBUTAMOL SULFATE	PHP 17.00
2MG/5ML SYRUP 60ML	
SILVER SULFADIAZINE	PHP 104.00
15GRAMS	
SILVER SULFADIAZINE 500G	PHP 1,105.00
JAR	
SIMVASTATIN 40MG BLISTER	PHP 4.00
PACK TABLET	
SPIRONOLACTONE 25MG	PHP 13.00
BLISTER PACK TABLET	
	HCTZ 50MG/12.5MG BLISTER PACK TABLET MEBENDAZOLE 100MG/5ML SUSPENSION 60ML MEROPENEM 1G VIAL MONTELUKAST 10MG BLISTER PACK TABLET MULTIVITAMINS DROPS 15ML MULTIVITAMINS SYRUP 60ML NALOXONE 400MCG/ML 1ML AMPULE NOREPINEPHRINE BITARTRATE 1MG/ML AMPULE 2ML OFLOXACIN 200MG TABLET PARACETAMOL 10MG /ML, 100ML VIAL PHYTOMENADIONE 2MG/0.2ML AMPULE PREDNISONE 10MG/5ML SUSPENSION 60ML SALBUTAMOL SULFATE 2MG/5ML SYRUP 60ML SILVER SULFADIAZINE 15GRAMS SILVER SULFADIAZINE 500G JAR SIMVASTATIN 40MG BLISTER PACK TABLET SPIRONOLACTONE 25MG

MED0053	FUROSEMIDE 20MG/2ML AMP	PHP 9.00
WEDOOS	TONOGEINIDE ZUIVIG/ZIVIE AIVIP	1111 3.00
MED0054	GENTAMYCIN SO4 80MG/2ML AMP	PHP 6.00
MED0055	GLICLAZIDE 80MG TABLET	PHP 3.00
MED0056	HYDROCORTISONE 100MG VIAL	PHP 32.00
MED0057	HYOSCINE N-BUTYLBROMIDE 10MG TABLET	PHP 8.00
MED0058	HYOSCINE N-BUTYLBROMIDE 20MG/ML AMPULE	PHP 38.00
MED0059	IBUPROFEN 400MG TABLET	PHP 2.00
MED0060	IPRATROPIUM+SALBUTAMOL NEB	PHP 13.00
MED0061	ISOXSUPRINE HCL 10MG TABLET	PHP 7.00
MED0066	LOSARTAN 50MG TABLET	PHP 1.00
MED0067	LOSARTAN 100MG TABLET	PHP 3.00
MED0068	MEFENAMIC ACID 500MG CAPSULE	PHP 1.00
MED0069	METFORMIN HCL 850MG TABLET	PHP 5.00
MED0070	METFORMIN HCL 500MG TABLET	PHP 1.00
MED0071	METHYLDOPA 250MG TABLET	PHP 10.00
MED0073	METHYLPREDNISOLONE 4MG TABLET	PHP 7.00

	T0000 440 (00)	D. ID 664 66
MED0329	TOBRAMYCIN +	PHP 221.00
	DEXAMETHASONE EYE	
	DROPS SOLUTION BOTTLE	
	5ML	
MED0330	TOBRAMYCIN 0.3% EYE	PHP 251.00
	DROPS SOLUTION BOTTLE	
	5ML	
MED0331	TRAMADOL HCL 50MG/ML, 2ML	PHP 10.00
	AMP	
MED0332	TRIMETAZIDINE 35MG	PHP 12.00
	BLISTER PACK TABLET	
MED0333	VANCOMYCIN 500MG VIAL	PHP 213.00
MED0334	VERAPAMIL 2.5MG/ML 2ML	PHP 197.00
	AMPULE	
MED0335	ZINC SULFATE	PHP 51.00
	MONOHYDRATE DROPS 15ML	
MED0336	ZINC SULFATE	PHP 56.00
	MONOHYDRATE SYRUP 60ML	
MED0337	CETIRIZINE 10MG/ML DROPS	PHP 101.00
	10ML	
MED0338	DOMPERIDONE 10MG TABLET	PHP 2.00
MED0339	NIFEDIPINE 10MG SOFTGEL	PHP 4.00
	CAPSULE	
MED0340	AMOXICILLIN TRIHYDRATE	PHP 25.00
	100MG/ML DROPS, 15ML	
MED0341	D5 IMB 500ML PLASTIC	PHP 63.00
	BOTTLE	
MED0342	PLAIN NSS 500ML	PHP 58.00
MED0343	HYDROXY ETHYL STARCH 6%	PHP 630.00
	500ML - VOLUVEN	
MED0344	ISONIAZID + RIFAMPICIN +	PHP 8.00
	PYRAZINAMIDE +	
	ETHAMBUTOL (FIXCOM 4	
	TABLET)	
	1	



MED0074	METOCLOPRAMIDE 5MG/ML 2ML AMPULE	PHP 5.00
MED0075	METOCLOPRAMIDE 10MG TABLET	PHP 3.00
MED0076	METOPROLOL 100MG TABLET	PHP 2.00
MED0077	METOPROLOL 50MG TABLET	PHP 1.00
MED0079	METRONIDAZOLE 500MG TABLET	PHP 2.00
MED0080	METRONIDAZOLE 5MG/ML IV SOLUTION 100ML	PHP 22.00
MED0082	MULTIVITAMINS CAPSULE	PHP 3.00
MED0084	NICARDEPINE 1MG/ML 2ML AMP	PHP 107.00
MED0086	OMEPRAZOLE 20MG CAP	PHP 2.00
MED0087	OMEPRAZOLE 40MG VIAL W/ 10ML SOLVENT	PHP 37.00
MED0088	OMEPRAZOLE PLUS 40MG CAP	PHP 12.00
MED0089	OXYTOCIN 10IU/ML AMP	PHP 11.00
MED0092	PARACETAMOL 250MG/5ML 60ML SUSP	PHP 19.00
MED0093	PARACETAMOL 500MG TABLET	PHP 1.00
MED0094	PARACETAMOL 125MG/5ML 60ML SUSP	PHP 19.00
MED0095	PARACETAMOL 100MG/ML 15ML DROPS	PHP 18.00
MED0096	PIPERACILLIN/TAZOBACTAM 4G/500MG VIAL	PHP 141.00
MED0097	PIPERACILLIN/TAZOBACTAM 2G/250MG VIAL	PHP 112.00
MED0098	PLAIN NSS 50ML	PHP 32.00
MED0099	POTASSIUM CITRATE 10MEQ TABLET	PHP 13.00

MED0345 SUCRALFATE - ISELPIN 1G TAB PHP 39.00 MED0346 CLINDAMYCIN 600 MG/AMP 4ML PHP 105.0 MED0347 CEFIXIME - TERGECEF 400MG PHP 56.00 MED0348 INSULIN REGULAR - HUMULIN R VIAL INSULIN REGULAR PHP 208.0 MED0349 NIFEDIPINE - ADALAT GITS 30MG PHP 33.00 MED0350 ENALAPRIL 5MG TABLET PHP 15.00 MED0351 OMEPRAZOLE - MEPRACID 40MG CAP PHP 12.00 MED0352 VALSARTAN - TAREG 160MG TAB PHP 25.00 MED0353 GLICLAZIDE - DIAMICRON MR 60MG TAB PHP 17.00 MED0354 IPRATROPIUM - ATROVENT UDV NEBULE PHP 140.0 MED0356 C - AEKNIL 150MG/2ML AMP PHP 76.00 MED0357 C - AMPIVEX 1G VL PHP 163.0 MED0358 C - AMPIVEX 500MG PHP 111.0 MED0359 C - AMRACITAM 4.5G VIAL PHP 585.0 MED0361 C - ARGIFIX 100MG/5ML PHP 416.0	
4ML MED0347 CEFIXIME - TERGECEF 400MG PHP 56.00 MED0348 INSULIN REGULAR - HUMULIN R VIAL INSULIN REGULAR PHP 208.0 MED0349 NIFEDIPINE - ADALAT GITS 30MG PHP 33.00 MED0350 ENALAPRIL 5MG TABLET PHP 15.00 MED0351 OMEPRAZOLE - MEPRACID 40MG CAP PHP 12.00 MED0352 VALSARTAN - TAREG 160MG TAB PHP 25.00 MED0353 GLICLAZIDE - DIAMICRON MR 60MG TAB PHP 17.00 MED0354 IPRATROPIUM - ATROVENT UDV NEBULE PHP 140.0 MED0356 C - AEKNIL 150MG/2ML AMP PHP 76.00 MED0357 C - AMPIVEX 1G VL PHP 163.0 MED0358 C - AMPIVEX 500MG PHP 111.0 MED0359 C - ANALGEN 50MG/ML 1ML AMP PHP 585.0 MED0360 C - ANALGEN 50MG/ML 1ML AMP PHP 65.00)
MED0348 INSULIN REGULAR - HUMULIN R VIAL INSULIN REGULAR PHP 208.0 MED0349 NIFEDIPINE - ADALAT GITS 30MG PHP 33.00 MED0350 ENALAPRIL 5MG TABLET PHP 15.00 MED0351 OMEPRAZOLE - MEPRACID 40MG CAP PHP 12.00 MED0352 VALSARTAN - TAREG 160MG TAB PHP 25.00 MED0353 GLICLAZIDE - DIAMICRON MR 60MG TAB PHP 17.00 MED0354 IPRATROPIUM - ATROVENT UDV NEBULE PHP 140.00 MED0356 C - AEKNIL 150MG/2ML AMP PHP 76.00 MED0357 C - AMPIVEX 1G VL PHP 163.0 MED0358 C - AMPIVEX 500MG PHP 111.0 MED0359 C - AMRACITAM 4.5G VIAL PHP 585.0 MED0360 C - ANALGEN 50MG/ML 1ML AMP PHP 65.00	0
R VIAL INSULIN REGULAR MED0349 NIFEDIPINE - ADALAT GITS 30MG MED0350 ENALAPRIL 5MG TABLET PHP 15.00 MED0351 OMEPRAZOLE - MEPRACID PHP 12.00 40MG CAP MED0352 VALSARTAN - TAREG 160MG PHP 25.00 TAB MED0353 GLICLAZIDE - DIAMICRON MR 60MG TAB MED0354 IPRATROPIUM - ATROVENT UDV NEBULE MED0356 C - AEKNIL 150MG/2ML AMP PHP 163.0 MED0357 C - AMPIVEX 1G VL PHP 163.0 MED0358 C - AMPIVEX 500MG PHP 111.0 MED0359 C - AMRACITAM 4.5G VIAL PHP 585.0 MED0360 C - ANALGEN 50MG/ML 1ML PHP 65.00 AMP)
30MG	0
MED0351 OMEPRAZOLE - MEPRACID 40MG CAP PHP 12.00 MED0352 VALSARTAN - TAREG 160MG TAB PHP 25.00 MED0353 GLICLAZIDE - DIAMICRON MR 60MG TAB PHP 17.00 MED0354 IPRATROPIUM - ATROVENT UDV NEBULE PHP 140.0 MED0356 C - AEKNIL 150MG/2ML AMP PHP 76.00 MED0357 C - AMPIVEX 1G VL PHP 163.0 MED0358 C - AMPIVEX 500MG PHP 111.0 MED0359 C - AMRACITAM 4.5G VIAL PHP 585.0 MED0360 C - ANALGEN 50MG/ML 1ML AMP PHP 65.00)
40MG CAP MED0352 VALSARTAN - TAREG 160MG TAB PHP 25.00 MED0353 GLICLAZIDE - DIAMICRON MR 60MG TAB PHP 17.00 MED0354 IPRATROPIUM - ATROVENT UDV NEBULE PHP 140.0 MED0356 C - AEKNIL 150MG/2ML AMP PHP 76.00 MED0357 C - AMPIVEX 1G VL PHP 163.0 MED0358 C - AMPIVEX 500MG PHP 111.0 MED0359 C - AMRACITAM 4.5G VIAL PHP 585.0 MED0360 C - ANALGEN 50MG/ML 1ML AMP PHP 65.00)
TAB MED0353 GLICLAZIDE - DIAMICRON MR 60MG TAB PHP 17.00 MED0354 IPRATROPIUM - ATROVENT UDV NEBULE PHP 140.0 MED0356 C - AEKNIL 150MG/2ML AMP PHP 76.00 MED0357 C - AMPIVEX 1G VL PHP 163.0 MED0358 C - AMPIVEX 500MG PHP 111.0 MED0359 C - AMRACITAM 4.5G VIAL PHP 585.0 MED0360 C - ANALGEN 50MG/ML 1ML AMP PHP 65.00)
60MG TAB MED0354 IPRATROPIUM - ATROVENT UDV NEBULE PHP 140.0 MED0356 C - AEKNIL 150MG/2ML AMP PHP 76.00 MED0357 C - AMPIVEX 1G VL PHP 163.0 MED0358 C - AMPIVEX 500MG PHP 111.0 MED0359 C - AMRACITAM 4.5G VIAL PHP 585.0 MED0360 C - ANALGEN 50MG/ML 1ML PHP 65.00 AMP AMP)
UDV NEBULE MED0356 C - AEKNIL 150MG/2ML AMP PHP 76.00 MED0357 C - AMPIVEX 1G VL PHP 163.0 MED0358 C - AMPIVEX 500MG PHP 111.0 MED0359 C - AMRACITAM 4.5G VIAL PHP 585.0 MED0360 C - ANALGEN 50MG/ML 1ML PHP 65.00)
MED0357 C - AMPIVEX 1G VL PHP 163.0 MED0358 C - AMPIVEX 500MG PHP 111.0 MED0359 C - AMRACITAM 4.5G VIAL PHP 585.0 MED0360 C - ANALGEN 50MG/ML 1ML PHP 65.00 AMP AMP PHP 65.00	0
MED0358 C - AMPIVEX 500MG PHP 111.0 MED0359 C - AMRACITAM 4.5G VIAL PHP 585.0 MED0360 C - ANALGEN 50MG/ML 1ML PHP 65.00 AMP AMP PHP 65.00)
MED0359 C - AMRACITAM 4.5G VIAL PHP 585.0 MED0360 C - ANALGEN 50MG/ML 1ML PHP 65.00 AMP AMP PHP 65.00	0
MED0360 C - ANALGEN 50MG/ML 1ML PHP 65.00 AMP	0
AMP	0
MED0361 C - ARGIFIX 100MG/5ML PHP 416.0)
	0
MED0362 C - ATS 1500 IU PHP 143.0	0
MED0363 C - AUBREX 200MG PHP 34.00)
MED0364 C - AUBREX 400MG PHP 50.00)
MED0365 C - BACTACARE 750MG VIAL PHP 501.0	0



MED0100	PREDNISONE 20MG TABLET	PHP 5.00
MED0101	PREDNISONE 5MG TABLET	PHP 1.00
MED0103	PROPRANOLOL 10MG TABLET	PHP 7.00
MED0104	RANITIDINE 150MG TABLET	PHP 2.00
MED0105	SALBUTAMOL 2.5MG NEBULE	PHP 7.00
MED0107	SIMVASTATIN 20MG TABLET	PHP 2.00
MED0108	TRAMADOL 50MG CAPSULE	PHP 3.00
MED0110	TRANEXAMIC ACID 500MG CAPSULE	PHP 8.00
MED0111	VITAMIN B1+B6+B12 100MG/100MG/1 MG 3ML AMPULE	PHP 2.00
MED0112	VITAMIN B-COMPLEX CAPSULE	PHP 2.00
MED0114	ALLOPURINOL 100MG TAB	PHP 2.00
MED0115	ALLOPURINOL 300MG TAB	PHP 3.00
MED0116	ALUMINUM+ MAGNESIUM HYDROXIDE TAB	PHP 4.00
MED0118	AMINOPHYLLINE 25MG/ML 10ML AMPULE	PHP 25.00
MED0119	AMPICILLIN 1GM VIAL	PHP 15.00
MED0120	AMPICILLIN 500MG VIAL	PHP 12.00
MED0121	AMPICILLIN+SULBACTAM 750MG VIAL	PHP 33.00
MED0122	ATROPINE SULFATE 1MG/ML AMP	PHP 10.00
MED0123	CEFTRIAXONE 1G VIAL	PHP 27.00
MED0124	CEFUROXIME 750MG VIAL	PHP 25.00
MED0126	CETIRIZINE 10MG TAB	PHP 1.00
MED0127	CIPROFLOXACIN 2MG/ML VIAL 100ML	PHP 33.00
MED0128	CLARITHROMYCIN FORTE 500MG TABLET	PHP 15.00
MED0129	CLINDAMYCIN 150MG/ML 2ML AMPULE	PHP 142.00
MED0130	CLONIDINE 150MCG TABLET	PHP 15.00
MED0131	COLCHICINE 500MCG TABLET	PHP 4.00

MED0366	C - BRONEX 250MCG/ML NEB	PHP 98.00
MED0367	C - BUPIRIGHT 5MG/ML AMP	PHP 644.00
MED0368	C - CALCIUM GLUCONATE	PHP 115.00
	20ML	
MED0369	C - CATACLON 75MCG	PHP 25.00
MED0370	C - CEFEVEX 1G VL	PHP 1,625.00
MED0371	C - CEFOVEX 1G VL	PHP 975.00
MED0372	C - CEFUVEX 1.5G	PHP 644.00
MED0373	C - CEZOLE 40MG VIAL	PHP 390.00
MED0374	C - CIROK 500MG TAB	PHP 46.00
MED0375	C - CLINDAL 150MG CAP	PHP 29.00
MED0376	C - CLINDAL 150MG/ML AMP	PHP 504.00
MED0377	C - CLINDAL 300MG CAP	PHP 52.00
MED0378	C - CLOPATE 75MG TAB	PHP 20.00
MED0379	C - D 10 W 500ML	PHP 122.00
MED0380	C - D 50% 50ML	PHP 94.00
MED0381	C - D5 0.3 1L	PHP 122.00
MED0382	C - D5 0.3 500ML	PHP 122.00
MED0383	C - D5 0.9 NSS 1L	PHP 122.00
MED0384	C - D5 IMB 1L	PHP 122.00
MED0385	C - D5 IMB 500ML	PHP 122.00
MED0386	C - D5 LRS 1L	PHP 122.00
MED0387	C - D5 NM 1L	PHP 122.00
MED0388	C - D5 NR 1L	PHP 122.00
MED0389	C - D5 W 1L	PHP 122.00
MED0390	C - D5 W 250ML	PHP 176.00
MED0391	C - D5 W 500ML	PHP 122.00
N		





MED0132	DEXAMETHASONE 4MG/ML 2ML AMPULE	PHP 29.00
MED0133	DICLOFENAC NA 25MG/ML 3ML AMPULE	PHP 25.00
MED0134	DOPAMINE 40MG/ML AMP	PHP 56.00
MED0135	ERYTHROMYCIN 5MG/G 0.5% OPTHALMIC OINTMENT 5G	PHP 176.00
MED0137	FINASTERIDE 5MG TABLET	PHP 17.00
MED0138	HYDROCORTISONE 250MG VIAL	PHP 88.00
MED0139	KETOROLAC 30MG/ML AMP	PHP 24.00
MED0140	LEVOFLOXACIN 500MG TABLET	PHP 13.00
MED0141	LORATADINE 10MG TABLET	PHP 3.00
MED0142	METRONIDAZOLE 125MG/5ML SUSPENSION, 60ML	PHP 22.00
MED0144	NAPROXEN 550MG TABLET	PHP 5.00
MED0145	ORAL REHYDRATION SALT SACHET	PHP 5.00
MED0146	OXACILLIN 500MG VIAL	PHP 28.00
MED0148	POTASSIUM CHLORIDE 600MG TABLET	PHP 30.00
MED0149	RANITIDINE 25MG/ML AMP	PHP 5.00
MED0151	PHYTOMENADIONE 10MG AMPULE	PHP 25.00
MED0152	D10 WATER 500ML	PHP 65.00
MED0153	D5 0.3 NA CL 1L	PHP 65.00
MED0154	D5 0.3 NA CL 500ML	PHP 62.00
MED0155	D5 0.9 NA CL 1L	PHP 65.00
MED0156	D5 0.9 NA CL 500ML	PHP 63.00
MED0157	D5 IMB 1L	PHP 65.00
MED0158	D5 LR 1L	PHP 64.00
MED0159	D5 LR 500ML	PHP 63.00
MED0160	D5 NM 1L	PHP 65.00

	T.	
MED0392	C - DALAMYCIN 150MG/ML 4ML AMP	PHP 455.00
MED0393	C - DORMICUM 5MG/ML AMP	PHP 221.00
MED0394	C - ELIBACTAM 750MG VIAL	PHP 468.00
MED0395	C - ELICEF 750MG VIAL	PHP 312.00
MED0396	C - EVATOCIN 10 IU AMP	PHP 156.00
MED0397	C - FENTANYL AMP	PHP 377.00
MED0398	C - FUROSAN 10MG/ML 2ML AMP	PHP 63.00
MED0399	C - FUSEM 20MG/2ML AMP	PHP 33.00
MED0400	C - GLYFORMET 500MG	PHP 7.00
MED0401	C - GOUTLESS 500MCG	PHP 6.00
MED0402	C - HEMOGEN 10MG/ML AMP	PHP 65.00
MED0403	C - HIVENT 1MG/ML NEB	PHP 21.00
MED0404	C - HYDROVEX 100MG	PHP 195.00
MED0405	C - HYDROVEX 250MG	PHP 455.00
MED0406	C - HYOSAN AMP	PHP 111.00
MED0407	C - KETOVEX AMP	PHP 128.00
MED0408	C - KINOGEN 2MG/ML VIAL	PHP 585.00
MED0409	C - LARGECEF 750MG VIAL	PHP 325.00
MED0410	C - LIDOCAINE 2% TWIST 5ML	PHP 47.00
MED0411	C - LIFERZIN 250MG VIAL	PHP 47.00
MED0412	C - LRS 1L	PHP 122.00
MED0413	C - LRS 500ML	PHP 122.00
MED0414	C - MAGNESIUM SULFATE 20ML	PHP 86.00
MED0415	C - MANNITOL 500ML	PHP 332.00
MED0416	C - MEROPEVEX 1G	PHP 2,405.00



MED0161	D5 NM 500ML	PHP 59.00
MED0162	D5 NR 1L	PHP 65.00
MED0163	D5 WATER 1L	PHP 65.00
MED0164	D5 WATER 500ML	PHP 62.00
MED0165	DEXTRAN-70 500ML	PHP 536.00
MED0166	MANNITOL 20% 500ML	PHP 121.00
MED0167	PLAIN LR 1L	PHP 58.00
MED0168	PLAIN LR 500ML	PHP 58.00
MED0169	PLAIN NSS 1L	PHP 56.00
MED0170	PLAIN NSS 1L (IRRIGATION)	PHP 56.00
MED0172	ACTIVATED CHARCOAL 100G	PHP 220.00
MED0173	AMIKACIN 250MG VIAL	PHP 29.00
MED0174	AMIKACIN 500MG VIAL	PHP 22.00
MED0176	AMIODARONE 50MG/ML 3ML AMP	PHP 329.00
MED0177	AMPICILLIN 250MG VIAL	PHP 11.00
MED0179	ATRACURIUM BESYLATE 10MG/ML AMP	PHP 114.00
MED0182	BUPIVACAINE HCL 0.5% HEAVY 20MG/4ML- (SENSORCAINE HEAVY 0.5 %)	PHP 168.00
MED0183	BUPIVACAINE HCL HEAVY 0.5% ISOBARIC AMP	PHP 77.00
MED0184	CALCIUM GLUCONATE 10MG AMP	PHP 21.00
MED0185	CEFAZOLIN SODIUM 1G VIAL	PHP 27.00
MED0187	CEFOXITIN 1G VIAL	PHP 154.00
MED0189	CO-AMOXICLAV 1.2G VIAL	PHP 484.00
MED0190	D5 WATER 250ML	PHP 138.00
MED0191	D 50% 50ML VIAL	PHP 33.00
MED0192	DIAZEPAM 5MG/ML 2ML AMP	PHP 88.00

14550445	0 MEDOOMM 40 MM	DUD 4 000 00
MED0417	C - MEROSAN 1G VIAL	PHP 1,820.00
MED0418	C - METVEX AMP	PHP 46.00
MED0419	C - MORPHINE AMP	PHP 224.00
MED0420	C - MOXIKING 625MG TAB	PHP 39.00
MED0421	C - MYOCARD AMP	PHP 162.00
MED0422	C - MYOTIL 40MG/ML AMP	PHP 208.00
MED0423	C - NIRFOL 10MG/ML VIAL	PHP 647.00
MED0424	C - NOSTON 1.08G TAB	PHP 20.00
MED0425	C - NSS 1L	PHP 122.00
MED0426	C - NSS 20ML	PHP 71.00
MED0427	C - NSS 500ML	PHP 122.00
MED0428	C - NSS 50ML	PHP 81.00
MED0429	C - NSS FOR IRRIGATION 1L	PHP 122.00
MED0430	C - NUBAIN 10MG/ML AMP	PHP 221.00
MED0431	C - ODASYL 10MG TAB	PHP 10.00
MED0432	C - ODASYL 5MG TAB	PHP 6.00
MED0433	C - OMP 40MG VIAL	PHP 501.00
MED0434	C - ONEXITINE 1G VIAL	PHP 1,039.00
MED0435	C - PANAZOLE VIAL	PHP 119.00
MED0436	C - PANOXIL 500MG VIAL	PHP 237.00
MED0437	C - PIMAX 400 MCG TAB	PHP 43.00
MED0438	C - PLEPRA T 4.5G VIAL	PHP 650.00
MED0439	C - POTASSIUM CHLORIDE 20ML	PHP 86.00
MED0440	C - PREDSTER 20MG TAB	PHP 8.00
MED0441	C - QUINOCIP 2MG/ML 100ML VIAL	PHP 650.00



MED0193 DIGOXIN 250MG/ML 2ML AMP PHP 163.00 MED0194 DOBUTAMINE 250MG/20ML VIAL PHP 221.00 MED0195 EPHEDRINE 50MG/ML AMP PHP 87.00 MED0196 FAMOTIDINE 20MG VIAL PHP 1,124.00 MED0197 FENTANYL 50MCG/ML 2ML AMP PHP 92.00 MED0199 GLYCERIN PEDIA SUPPOSITORY PHP 13.00 MED0200 HALOPERIDOL 50MG/ML AMP PHP 585.00 MED0201 HYDRALAZINE 20MG/ML AMPULE PHP 91.00 MED0202 IODOMIDOL 612MG/ML 50ML VIAL PHP 91.775.00 MED0203 IODOSORB SACHET 3G PHP 819.00 MED0204 ISOSORBIDE DINITRATE 5MG TAB PHP 11.00 MED0205 ISOXSUPRINE HCL 5MG/ML 2ML AMP PHP 211.00 MED0206 KETAMINE 50MG/ML 10ML VIAL PHP 785.00 MED0207 LEVOBUPIVACAINE HCL AMP PHP 38.00 MED0209 MAGNESIUM SULFATE 250MG/ML PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML PHP 74.00 <th>MEDOAGO</th> <th>DIGOVINI OFONO (NALI ONALI ANAD</th> <th>DUD 400 00</th>	MEDOAGO	DIGOVINI OFONO (NALI ONALI ANAD	DUD 400 00
MED0195 EPHEDRINE 50MG/ML AMP PHP 87.00 MED0196 FAMOTIDINE 20MG VIAL PHP 1,124.00 MED0197 FENTANYL 50MCG/ML 2ML AMP PHP 92.00 MED0199 GLYCERIN PEDIA SUPPOSITORY PHP 13.00 MED0200 HALOPERIDOL 50MG/ML AMP PHP 585.00 MED0201 HYDRALAZINE 20MG/ML AMPULE PHP 91.00 MED0202 IODOMIDOL 612MG/ML 50ML VIAL PHP 91.00 MED0203 IODOSORB SACHET 3G PHP 819.00 MED0204 ISOSORBIDE DINITRATE 5MG TAB PHP 11.00 MED0205 ISOXSUPRINE HCL 5MG/ML 2ML AMP PHP 211.00 MED0206 KETAMINE 50MG/ML 10ML VIAL PHP 785.00 MED0207 LEVOBUPIVACAINE HCL AMP PHP 377.00 MED0209 MAGNESIUM SULFATE 250MG/ML PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML PHP 100.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00	MED0193	DIGOXIN 250MG/ML 2ML AMP	PHP 163.00
MED0196 FAMOTIDINE 20MG VIAL PHP 1,124.00 MED0197 FENTANYL 50MCG/ML 2ML AMP PHP 92.00 MED0199 GLYCERIN PEDIA SUPPOSITORY PHP 13.00 MED0200 HALOPERIDOL 50MG/ML AMP PHP 585.00 MED0201 HYDRALAZINE 20MG/ML AMPULE PHP 91.00 MED0202 IODOMIDOL 612MG/ML 50ML VIAL PHP 91.00 MED0203 IODOSORB SACHET 3G PHP 819.00 MED0204 ISOSORBIDE DINITRATE 5MG TAB PHP 11.00 MED0205 ISOXSUPRINE HCL 5MG/ML 2ML AMP PHP 211.00 MED0206 KETAMINE 50MG/ML 10ML VIAL PHP 785.00 MED0207 LEVOBUPIVACAINE HCL AMP PHP 377.00 MED0209 MAGNESIUM SULFATE 250MG/ML PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 988.00	MED0194	DOBUTAMINE 250MG/20ML VIAL	PHP 221.00
MED0197 FENTANYL 50MCG/ML 2ML AMP PHP 92.00 MED0199 GLYCERIN PEDIA SUPPOSITORY PHP 13.00 MED0200 HALOPERIDOL 50MG/ML AMP PHP 585.00 MED0201 HYDRALAZINE 20MG/ML AMPULE PHP 91.00 MED0202 IODOMIDOL 612MG/ML 50ML VIAL PHP 1,775.00 MED0203 IODOSORB SACHET 3G PHP 819.00 MED0204 ISOSORBIDE DINITRATE 5MG TAB PHP 11.00 MED0205 ISOXSUPRINE HCL 5MG/ML 2ML AMP PHP 211.00 MED0206 KETAMINE 50MG/ML 10ML VIAL PHP 785.00 MED0207 LEVOBUPIVACAINE HCL AMP PHP 377.00 MED0209 MAGNESIUM SULFATE 250MG/ML 10ML VIAL PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML AMP PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML AMP PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 379.00 MED0218 OXYMETHAZOLINE NASAL SPRAY <td>MED0195</td> <td>EPHEDRINE 50MG/ML AMP</td> <td>PHP 87.00</td>	MED0195	EPHEDRINE 50MG/ML AMP	PHP 87.00
MED0199 GLYCERIN PEDIA SUPPOSITORY PHP 13.00 MED0200 HALOPERIDOL 50MG/ML AMP PHP 585.00 MED0201 HYDRALAZINE 20MG/ML AMPULE PHP 91.00 MED0202 IODOMIDOL 612MG/ML 50ML VIAL PHP 1,775.00 MED0203 IODOSORB SACHET 3G PHP 819.00 MED0204 ISOSORBIDE DINITRATE 5MG TAB PHP 11.00 MED0205 ISOXSUPRINE HCL 5MG/ML 2ML AMP PHP 211.00 MED0206 KETAMINE 50MG/ML 10ML VIAL PHP 785.00 MED0207 LEVOBUPIVACAINE HCL AMP PHP 377.00 MED0209 MAGNESIUM SULFATE 250MG/ML 10ML VIAL PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML AMP PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML AMP PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0221 PARACETAMOL 250MG SUPPOSITORY	MED0196	FAMOTIDINE 20MG VIAL	PHP 1,124.00
MED0200 HALOPERIDOL 50MG/ML AMP PHP 585.00 MED0201 HYDRALAZINE 20MG/ML AMPULE PHP 91.00 MED0202 IODOMIDOL 612MG/ML 50ML VIAL PHP 1,775.00 MED0203 IODOSORB SACHET 3G PHP 819.00 MED0204 ISOSORBIDE DINITRATE 5MG TAB PHP 11.00 MED0205 ISOXSUPRINE HCL 5MG/ML 2ML AMP PHP 211.00 MED0206 KETAMINE 50MG/ML 10ML VIAL PHP 785.00 MED0207 LEVOBUPIVACAINE HCL AMP PHP 377.00 MED0209 MAGNESIUM SULFATE 250MG/ML 10ML VIAL PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML AMP PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML AMP PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 32.00 MED0220 PARACETAMOL 250MG SUPPOS	MED0197	FENTANYL 50MCG/ML 2ML AMP	PHP 92.00
MED0201 HYDRALAZINE 20MG/ML AMPULE PHP 91.00 MED0202 IODOMIDOL 612MG/ML 50ML VIAL PHP 1,775.00 MED0203 IODOSORB SACHET 3G PHP 819.00 MED0204 ISOSORBIDE DINITRATE 5MG TAB PHP 11.00 MED0205 ISOXSUPRINE HCL 5MG/ML 2ML AMP PHP 211.00 MED0206 KETAMINE 50MG/ML 10ML VIAL PHP 785.00 MED0207 LEVOBUPIVACAINE HCL AMP PHP 377.00 MED0209 MAGNESIUM SULFATE 250MG/ML 10ML VIAL PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML AMP PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML AMP PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 32.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL <td>MED0199</td> <td>GLYCERIN PEDIA SUPPOSITORY</td> <td>PHP 13.00</td>	MED0199	GLYCERIN PEDIA SUPPOSITORY	PHP 13.00
MED0202 IODOMIDOL 612MG/ML 50ML VIAL PHP 1,775.00 MED0203 IODOSORB SACHET 3G PHP 819.00 MED0204 ISOSORBIDE DINITRATE 5MG TAB PHP 11.00 MED0205 ISOXSUPRINE HCL 5MG/ML 2ML AMP PHP 211.00 MED0206 KETAMINE 50MG/ML 10ML VIAL PHP 785.00 MED0207 LEVOBUPIVACAINE HCL AMP PHP 377.00 MED0209 MAGNESIUM SULFATE 250MG/ML 10ML VIAL PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML AMP PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML AMPULE PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 32.00 MED0221 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0200	HALOPERIDOL 50MG/ML AMP	PHP 585.00
MED0203 IODOSORB SACHET 3G PHP 819.00 MED0204 ISOSORBIDE DINITRATE 5MG TAB PHP 11.00 MED0205 ISOXSUPRINE HCL 5MG/ML 2ML AMP PHP 211.00 MED0206 KETAMINE 50MG/ML 10ML VIAL PHP 785.00 MED0207 LEVOBUPIVACAINE HCL AMP PHP 377.00 MED0209 MAGNESIUM SULFATE 250MG/ML 10ML VIAL PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML AMP PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML AMPULE PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0201	HYDRALAZINE 20MG/ML AMPULE	PHP 91.00
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MED0205 ISOXSUPRINE HCL 5MG/ML 2ML AMP PHP 211.00 MED0206 KETAMINE 50MG/ML 10ML VIAL PHP 785.00 MED0207 LEVOBUPIVACAINE HCL AMP PHP 377.00 MED0209 MAGNESIUM SULFATE 250MG/ML 10ML VIAL PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML AMP PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML AMP PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0203	IODOSORB SACHET 3G	PHP 819.00
MED0206 KETAMINE 50MG/ML 10ML VIAL PHP 785.00 MED0207 LEVOBUPIVACAINE HCL AMP PHP 377.00 MED0209 MAGNESIUM SULFATE 250MG/ML 10ML VIAL PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML AMP PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML AMPULE PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0204	ISOSORBIDE DINITRATE 5MG TAB	PHP 11.00
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MED0209 MAGNESIUM SULFATE 250MG/ML 10ML VIAL PHP 38.00 MED0210 METHYLERGOMETRINE 200MCG/ML AMP PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML AMPULE PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0206	KETAMINE 50MG/ML 10ML VIAL	PHP 785.00
MED0210 METHYLERGOMETRINE 200MCG/ML AMP PHP 17.00 MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML AMPULE PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0207	LEVOBUPIVACAINE HCL AMP	PHP 377.00
AMP MED0211 MIDAZOLAM 5MG/ML AMP PHP 100.00 MED0213 MORPHINE SULFATE 10MG/ML AMPULE PHP 74.00 MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0209		PHP 38.00
MED0213 MORPHINE SULFATE 10MG/ML AMPULE MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0210		PHP 17.00
AMPULE MED0214 MUPIROCIN 2% 5G OINTMENT PHP 81.00 MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0211	MIDAZOLAM 5MG/ML AMP	PHP 100.00
MED0215 NALBUPHINE 10MG/ML PHP 75.00 MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0213		PHP 74.00
MED0216 NICARDEPINE 10MG/10ML VIAL PHP 498.00 MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0214	MUPIROCIN 2% 5G OINTMENT	PHP 81.00
MED0218 OXYMETHAZOLINE NASAL SPRAY PHP 379.00 MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0215	NALBUPHINE 10MG/ML	PHP 75.00
MED0219 PARACETAMOL 125MG SUPPOSITORY PHP 26.00 MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0216	NICARDEPINE 10MG/10ML VIAL	PHP 498.00
MED0220 PARACETAMOL 250MG SUPPOSITORY PHP 32.00 MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0218	OXYMETHAZOLINE NASAL SPRAY	PHP 379.00
MED0221 PARECOXIB SODIUM 40MG VIAL PHP 190.00	MED0219	PARACETAMOL 125MG SUPPOSITORY	PHP 26.00
	MED0220	PARACETAMOL 250MG SUPPOSITORY	PHP 32.00
MED0222 PETHIDINE 50MG/ML 2ML VIAL PHP 258.00	MED0221	PARECOXIB SODIUM 40MG VIAL	PHP 190.00
	MED0222	PETHIDINE 50MG/ML 2ML VIAL	PHP 258.00

MED0442	C - RANIVEX 25MG/ML 2ML AMP	PHP 143.00
MED0443	C - SARTAN 100MG TAB	PHP 24.00
MED0444	C - SARTAN 50MG TAB	PHP 18.00
MED0445	C - SODALITE 75	PHP 12.00
MED0446	C - SODIUM BICARBONATE 50ML	PHP 195.00
MED0447	C - SWFI 1L	PHP 122.00
MED0448	C - SWFI 20ML	PHP 63.00
MED0449	C - SWFI 50ML	PHP 71.00
MED0450	C - TAZIVEX 1G VL	PHP 1,008.00
MED0451	C - TAZOVEX 2.25G	PHP 845.00
MED0452	C - TETANUS TOXOID AMP	PHP 130.00
MED0453	C - TRAMALIN 50MG/ML 1ML AMP	PHP 195.00
MED0454	C - TRANCE 500MG AMP	PHP 78.00
MED0455	C - TRIAGEN 1G VIAL	PHP 325.00
MED0456	C - TRIMECARD 35MG	PHP 12.00
MED0457	C - TROPIN AMP	PHP 43.00
MED0458	C - URISAM 500MG	PHP 10.00
MED0459	C - VALIUM 10MG/2ML AMP	PHP 221.00
MED0460	C - VIPEFIME 1G VIAL	PHP 715.00
MED0461	C - VITASONE 100MG VIAL	PHP 207.00
MED0462	C - ZARNAT 100MG	PHP 28.00
MED0463	C - ZARNAT 50MG	PHP 20.00
MED0464	C - ZEFTRIGEN 1G VIAL	PHP 520.00
MED0465	C -FEXONE 1G VIAL	PHP 457.00
MED0466	C - Z-FIX 100MG/5ML	PHP 501.00
MED0467	C - ZIPHANOL 2MG/ML AMP	PHP 572.00





MED0223	PHENOBARBITAL 120MG/ML AMP	PHP 491.00
MED0224	PHENYTOIN 50MG/ML 2ML AMPULE	PHP 124.00
MED0225	POTASSIUM CHLORIDE 2MEQ/ML 20ML AMPULE	PHP 35.00
MED0227	PROPOFOL 1% 10MG/20ML AMPULE	PHP 85.00
MED0228	SILVER SULFADIAZINE 25G CREAM	PHP 115.00
MED0229	SODIUM BICARBONATE 8.4% 50ML VIAL	PHP 118.00
MED0230	STERILE WATER FOR INJ. 1L	PHP 99.00
MED0231	STERILE WATER FOR INJ. 20ML	PHP 27.00
MED0232	STERILE WATER FOR INJ. 50ML	PHP 30.00
MED0233	SUCCINYLCHOLINE 10MG/ML 10ML VIAL	PHP 193.00
MED0234	TERBUTALINE 500MCG/ML AMP	PHP 62.00
MED0235	TERRAMYCIN OPHT OINTMENT	PHP 0.00
MED0236	TETANUS ANTITOXIN 1,500 IU AMP	PHP 82.00
MED0237	TETANUS TOXOID 0.5ML AMP	PHP 46.00
MED0238	TRANEXAMIC ACID 100MG/5ML AMP	PHP 20.00
MED0240	VITAMIN C AMP	PHP 39.00
MED0244	PARACETAMOL 300MG AMP	PHP 6.00
MED0245	BENZYL PENICILLIN SODIUM 1,000, 000 UNIT VIAL – (BIOPHEN 1,000,000 UNIT)	PHP 7.00
MED0246	DIGOXIN 0.25 MCG/TAB	PHP 6.00
MED0247	CARBOPROST - EVAPROST 250 MCG/ML	PHP 510.00
MED0250	CALTRATE TAB	PHP 73.00
MED0251	RIFAMIXIN 200MG TABLET	PHP 925.00

MED0468	C - ZIROLAC 30MG/ML AMP	PHP 137.00
MED0469	C - ZYLEVO 500MG TAB	PHP 41.00
MED0470	C - KAFTAX 500MG TABLET	PHP 127.00
MED0471	C - VHERDEX 4MG/ML 2ML VIAL	PHP 166.00
MED0472	C - FEVERIN 150MG/ML 2ML AMP	PHP 78.00
MED0473	C - GENTACARE 40MG/ML AMP	PHP 81.00
MED0474	C - ADELANIN 40MG/ML 2ML AMP	PHP 166.00
MED0475	C - ATRAX 100MG CAP	PHP 27.00
MED0476	C - AZIHOLD-500 MG TAB	PHP 67.00
MED0477	C - ROFLOX 500MG TAB	PHP 39.00
MED0478	C - C-ZETT 600MG SACHET	PHP 60.00
MED0479	C - DECAN 4MG/2ML AMP	PHP 70.00
MED0480	C - DOMPER 10MG TAB	PHP 16.00
MED0481	C - GEOXICLAV 500MG/125MG TAB	PHP 51.00
MED0482	C - LACTUL SOLN 100ML	PHP 329.00
MED0483	C - ARTHAN 500MG CAP	PHP 17.00
MED0484	C - VESILAC 10MG SUPP	PHP 18.00
MED0485	C - VOREN FORTE 50MG CAP	PHP 26.00
MED0486	C - AMIKACIN 100MG/2ML AMP	PHP 170.00
MED0487	C - PEN G 1M VIAL	PHP 50.00
MED0488	C - AMOXICILLIN 100MG DROPS	PHP 93.00
MED0489	C - AMOXICILLIN 250MG SUSP	PHP 100.00



	T	T =
MED0252	0.9% SODIUM CHLORIDE SOLUTION, 20ML	PHP 39.00
MED0253	ACETYLCYSTEINE 100 MG SACHET	PHP 15.00
MED0254	ACETYLCYSTEINE 200 MG SACHET	PHP 14.00
MED0255	ACETYLCYSTEINE 600 MG EFFERVESCENT TABLET	PHP 37.00
MED0256	ADENOSINE 3MG/ML 2ML VIAL	PHP 338.00
MED0257	ALBUMIN 20% VIAL	PHP 2,727.00
MED0258	ALUMINUM HYDROXIDE + MAGNESIUM HYDROXIDE 225MG/200ML/5ML SUSPENSION 120ML	PHP 41.00
MED0259	AMIODARONE 200MG TABLET	PHP 27.00
MED0260	ASCORBIC ACID 100MG/5ML SYRUP,60ML	PHP 21.00
MED0261	ASPIRIN, 325MG BLISTER PACK TABLET	PHP 3.00
MED0262	AZITHROMYCIN DIHYDRATE 500MG VIAL	PHP 781.00
MED0263	BCG VIAL	PHP 390.00
MED0264	BETAHISTINE 24MG TABLET	PHP 58.00
MED0265	BISACODYL 10MG SUPPOSITORY	PHP 28.00
MED0266	BISACODYL 5MG SUPPOSITORY	PHP 43.00
MED0267	BUTORPHANOL 2MG/ML AMPULE	PHP 520.00
MED0268	CARVEDILOL 25MG TABLET	PHP 5.00
MED0269	CARVEDILOL 6.25MG TABLET	PHP 2.00
MED0270	CEFALEXIN MONOHYDRATE 100MG/ML DROPS, 10ML	PHP 24.00

MED0490	C - AMOXICILLIN 500MG CAP	PHP 8.00
MED0491	C - ASCORBIC ACID 100MG 60ML	PHP 80.00
MED0492	C - CEFALEXIN 250MG/ 60ML SYRUP	PHP 144.00
MED0493	C - CETIRIZINE SYRUP 60ML	PHP 246.00
MED0494	C - DIPHENHYDRAMINE 50MG TAB	PHP 9.00
MED0495	C - MULTIVITAMINS TAB	PHP 6.00
MED0496	C - PARACETAMOL 125MG/ 60ML SUSP	PHP 71.00
MED0497	C - PARACETAMOL 250MG/ ML SYRUP	PHP 76.00
MED0498	C - PARACETAMOL 100MG/ 15ML DROPS	PHP 74.00
MED0499	C - VITAMIN B COMPLEX TAB	PHP 4.00
MED0500	C - CEFUROXIME 500MG TAB	PHP 40.00
MED0501	C - CLOXACILLIN 500MG CAP	PHP 16.00
MED0502	C - METOCLOPRAMIDE 10MG TAB	PHP 7.00
MED0503	C - OMEPRAZOLE 20MG CAP	PHP 37.00
MED0504	C - OMEPRAZOLE 40MG CAP	PHP 87.00
MED0505	C - MUPIROCIN 2% OINTMENT 5G	PHP 834.00
MED0506	C - PROPANOLOL 10MG TAB	PHP 5.00
MED0507	C - OMACARE 40MG VIAL	PHP 390.00
MED0508	C - MIROCID OINTMENT 10G	PHP 430.00



MED0271	CEFALEXIN MONOHYDRATE 250MG/5ML, POWDER FOR SUSPENSION 60ML	PHP 33.00
MED0272	CEFEPIME 1G VIAL	PHP 109.00
MED0273	CEFTAZIDIME PENTAHYDRATE 1 GRAM VIAL	PHP 52.00
MED0274	CEFUROXIME 250MG/5ML SUSPENSION,50ML	PHP 195.00
MED0275	CELECOXIB 100MG CAPSULE	PHP 7.00
MED0276	CETIRIZINE DIHYDROCHLORIDE 5MG/ 5ML SYRUP 30ML	PHP 93.00
MED0277	CILOSTAZOL 100 MG TABLET	PHP 17.00
MED0278	CINNARIZINE 25MG TABLET	PHP 2.00
MED0279	CLARITHROMYCIN 125MG/5ML SUSPENSION, 50ML	PHP 183.00
MED0280	CLOBETASOL PROPIONATE 0.05% OINTMENT TUBE 5 GRAMS	PHP 172.00
MED0281	CLOXACILLIN 250MG/5ML SUSPENSION,60ML	PHP 52.00
MED0282	CLOXACILLIN SODIUM 500MG, BLISTER/FOIL PACK CAPSULE	PHP 4.00
MED0283	CO-AMOXICLAV 457MG/5ML, POWDER FOR SUSPENSION 70ML	PHP 258.00
MED0285	DILTIAZEM 60MG TABLET	PHP 7.00
MED0286	DIPHENHYDRAMINE HCL 12.5MG/5ML SYRUP,60ML	PHP 22.00
MED0288	DOXYCYCLINE 100MG CAPSULE	PHP 2.00
MED0289	DYDROGESTERONE 10MG TABLET	PHP 72.00
MED0290	ENOXAPARIN SODIUM 100MG/ML 0.4ML PRE-FILED SYRINGE	PHP 284.00
MED0291	ERYTHROMYCIN 500MG TABLET	PHP 6.00

MED0509	C - SALBUTAMOL NEB	PHP 21.00
MED0510	C - ERYTHROMYCIN EYE OINT	PHP 273.00
MED0511	C - CARBOPROST 125MCG AMP	PHP 749.00
MED0512	C - CEFUROXIME 250MG/ 5ML	PHP 1,235.00
MED0513	C - BISACODYL 5MG SUPP	PHP 97.00
MED0514	C - SILVER SULFADIAZINE CREAM 25G	PHP 170.00
MED0515	C - MONTELUKAST 10MG TAB	PHP 83.00
MED0516	SPIRONOLACTONE - ALDACTONE 25MG TAB	PHP 21.00
MED0517	ACETYLCYSTEINE - FLUIMUCIL 200MG SACHET	PHP 23.00
MED0518	C - BUPIVACAINE ISOBARIC	PHP 845.00
MED0519	ISOSORBIDE DINITRATE - ISORDIL	PHP 30.00
MED0520	DAKTARAN ORAL GEL	PHP 338.00
MED0521	ADENOSINE - ADESAN VIAL	PHP 1,770.00
MED0522	C - APRENOL 1000/5M	PHP 215.00
MED0523	C - SORBANCE 5MG TAB	PHP 7.00
MED0524	C - SANTON 5MG/2ML AMP	PHP 860.00
MED0525	C - D5NM 500ML	PHP 122.00
MED0526	C - GLOTREK 500MG AMP	PHP 78.00



31. PISIKAL TERAPI PARA SA MGA OUTPATIENT

Ang pisikal terapi ay isang uri ng serbisyong medikal na naglalayong magpabuti ang paggalaw at kalusugan ng mga pasyente. Ang pisikal terapi sa mga

outpatient ay ginagawa para sa mga pasyente na hindi naka-admit sa ospital at nangangailangan ng terapi.

OPISINA o DIBISYON Ospital ng Imus - Physical T		Therapy Unit ng Rehabilitation Department			
KLASIPIKASYON		Technical		•	
URI NG TRANSAKSYON G2C – Government to Citize		ren			
SINO ANG NANGANGAILANGA	AN NG SERBISYO	Pasyente			
TSEKLIST NG	KAILANGANG DOK	UMENTO		SAAN MAKUKU	JHA
Physical Therapy Referral			Doktor na gagawa ng k	konsultasyon ng pasye	ente
Patient Information Sheet			Physical Therapist		
Physical Therapy Attendance Fo			Physical Therapist		
HAKBANG NG KLIYENTE	AKSYON	N NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
1. Kumonsulta sa doktor ukol sa nararamdamang kundisyon.		nsultasyon at magbigay ng rapi kung naaangkop.	Wala	*15 minuto	Doktor
2. Ibigay sa physical therapist ang referral galing sa doktor.			Wala	5 minuto	Physical Therapist
3. Sagutan ang Patient Information Sheet			Wala	*15 minuto	Physical Therapist
4. Maghintay at sumagot sa tawag ng pisikal terapist para sa pag-iskedyul.			Wala	5 minuto	Physical Therapist
5. Bumalik sa araw at iskedyul na tinakda para sa pisikal terapi.	3 3 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Wala	1 oras	Physical Therapist
6.1 Patuloy na bumalik sa iskedyul ng terapi hanggang kinakailangan.		naaangkop na terapi sa g ang pasyente ay ma-	Wala	1 oras	Physical Therapist
		01010			712

 6.2 Sulatan ang Patient Attendance Form sa mga araw na dumating ang pasyente.			
 Sagutan ang Client Satis	action Rating Form		
KABUUAN	Wala	*2 oras at	
		40 minuto	

^{*}Ang tagal ng serbisyo ay base sa ginawang proseso at dami ng sesyon na kakailanganin ng pasyente.



32. PISIKAL TERAPI PARA SA MGA INPATIENT

Ang pisikal terapi ay isang uri ng serbisyong medikal na naglalayong magpabuti ang paggalaw at kalusugan ng mga pasyente. Ang pisikal terapi sa mga inpatient ay ginagawa para sa mga pasyente na naka-admit sa ospital at nangangailangan ng terapi.

OPISINA o DIBISYON	a pasyonio na nana a	Ospital ng Imus - Physical 1	· · ·	itation Department	
KLASIPIKASYON			Therapy Utilit hy Nellabil	itation Department	
URI NG TRANSAKSYON	G2C – Government to Citizen				
SINO ANG NANGANGAILANG	AN NO SEDDISVO		eri .		
		Pasyente		C A A NI MA IZI IIZI	II I A
	KAILANGANG DOK	UMENIO	Co dolder no nonove	SAAN MAKUKU	
Physical Therapy Referral	ALCVOA	LNO ALIENOVA	Sa doktor na gagawa		
HAKBANG NG KLIYENTE	AKSYON	N NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
1. Kumonsulta sa doktor ukol sa nararamdamang kundisyon.	Isagawa ang konsultasyon at ibigay ang referral sa Nurse Station kung naaangkop.		Wala	*15 minuto	Doktor
2. Maghintay na makomunika ang referral sa pisikal terapi.			Wala	5 minuto	Physical Therapist
3. Maghintay ng pagpunta ng pisikal terapist sa kwarto ng pasyente.	3. Pumunta sa kwarto ng pasyente upang		Wala	5 minuto	Physical Therapist
4. Gawin ang mga pagsusuri o terapi na pinagagawa ng pisikal terapist.	4. Suriin ang mga problema ng pasyente sa		Wala	*1 oras	Physical Therapist
5. Patuloy na gawin ang terapi hanggang kinakailangan o hanggang ma-discharge sa ospital. Pirmahan ang Physical	5. Magbigay na naaangkop na terapi sa pasyente hanggang ang pasyente ay madischarge.5.1 Sulatan ang Patient Attendance Form sa mga araw na dumalo sa terapi ang pasyente		Wala	*1 oras	Physical Therapist
	·	Sagutan ang Client Satis	faction Rating Form	·	
KABUUAN Wala *2 oras at 25 minuto					

^{*}Ang tagal ng serbisyo ay base sa ginawang proseso at dami ng sesyon na kakailanganin ng pasyente.



33. PAGKUHA NG PHYSICAL THERAPY PROGRESS NOTES

Ang Physical Therapy Progress Notes ay isang dokumento na naglalarawan ng mga sesyon para sa terapi ng isang pasyente. Ito ay naglalaman ng kung ilang sesyon ang pinuntahan ng pasyente, mga kasalukuyang problema ng pasyente, mga aktibidad na nais mapabuti ang pasyente, mga interbensyon na binigay sa terapi, at rekomendasyon ng tagal ng terapi para sa pasyente.

sa terapi, at renomendasyon ng ta	igai rig torapi para s	a pasyonio.			
OPISINA o DIBISYON		Ospital ng Imus - Physical Th	erapy Unit ng Rehabilita	ation Department	
KLASIPIKASYON		Complex			
URI NG TRANSAKSYON		G2C - Government to Citizen	1		
SINO ANG NANGANGAILANGA	AN NG	Pasyente			
SERBISYO		_			
TSEKLIST NG	KAILANGANG DO	KUMENTO		SAAN MAKUKU	JHA
Physical Therapy Requisition Slip)		Physical Therapist		
Charge Slip para sa Certified Tru	іе Сору		Health Information Ma	nagement Department	i e
Official receipt			Cashier		
Kung Pasyente: Government Is:	sued ID o Valid ID		Pangasiwaan/ Ahensya ng Gobyerno na nagbibigay ng Valid ID		bibigay ng Valid ID
Kung Kinatawan ng Pasyente:					
Government Issued ID o Valid ID	ng Awtorisadong K	(inatawan ng Pasyente	Pangasiwaan/ Ahensya ng Gobyerno na nagbibigay ng Valid ID		
Authorization Letter			Pasyente		
HAKBANG NG KLIYENTE	AKSYO	ON NG AHENSYA	HALAGA NG TAGAL NG TAONG NAKATALAG BABAYARAN AKTIBIDAD		TAONG NAKATALAGA
1. Manghingi ng Physical Therapy Requisition Slip sa inyong Physical Therapist.	sition Slip sa Slip sa pasyente.		Wala	1 minuto	Physical Therapist
2. Sulatan ang Physical Therapy Requisition Slip at ibalik sa Physical Therapist.	2. Tanggapin ang Slip.	Physical Therapy Requisition	Wala	15 minuto	Physical Therapist



3. Maghintay ng tawag mula sa Physical Therapist kung kalian pwedeng kunin ang Physical Therapy Progress Notes.	para sa pasyente. Ang pasyente ay tatawagan	Wala	5 araw	Physical Therapist
	3.2 Iproseso ang Certified True Copy ng Physical Therapy Progress Notes.	Wala		Medical Records Officer
	3.3 Pirmahan ang Certified True Copy ng Physical Therapy Progress Notes.	Wala		Physical Therapist
	3.4 Tawagan ang pasyente kapag ito ay nakahanda na para kunin sa Medical Records Department.	Wala		Physical Therapist
4. Pumunta sa Health Information Management Department para kunin ang charge slip para sa Certified True Copy ng Physical Therapy Progress Notes.		Wala	30 minuto	Medical Records Officer
5. Magbayad sa cashier para sa Certified True Copy ng Physical Therapy Progress Notes.	5. Tanggapin ang bayad ng pasyente at magbigay ng Official Receipt sa pasyente.	Php 30.00	5 minuto	Cashier Personnel
6. Bumalik sa Medical Records Department upang makuha ang Certified True Copy ng Physical Therapy Progress Notes.	g	Wala	5 minuto	Medical Records Officer
Sagutan ang Client Satisfaction Rating Form				
	KABUUAN	Php 30.00	5 araw at 56 minuto	



34. PAGSUSURING DAYAGNOSTIKO SA RADIOLOGY DEPARTMENT

Ang Radiology Department ay responsable sa pagproseso ng mga pagsusuring medikal kung saan nalikha ng mga larawan na maipapakita ang internal na istraktura ng katawan ng pasyente. Ito ay may layunin na makapagbigay ng kalidad at wastong resulta sa itinakdang oras na magiging basehan ng doktor sa pagbibigay ng karampatang lunas sa pasyente.

page length ing harding tarial ou pacy of ite	agoisigay ng karampakang lando sa paoyonko.			
OPISINA o DIBISYON	Ospital ng Imus - Radiology Department			
KLASIPIKASYON	Simple			
URI NG TRANSAKSYON	G2C - Government to Citizens; G2G - Government to Government			
SINO ANG NANGANGAILANGAN NG SERBISYO	Inpatient at Outpatient			

TSEKLIST NG KAILA	SAAN MAKUKUHA			
Radiology Request Form		Radiology Department		
HAKBANG NG KLIYENTE	AKSYON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
Ipakita ang Radiology Request Form o ang Referral Form para sa pagsusuri.		Wala	2 minuto	Radiologic Technologist Radiology Department
	kasama ang lagda ng Radiologic Technologist para matiyak ang pagiging orihinal at pagkakakilanlan ng request form.	Wala	3 minuto	
	1.3 Para sa mga agarang kaso o "emergency procedures", ito ay kinakailangan munang masuri at aprubahan ng doktor.	Wala	10 minuto	
2. Pumunta sa Cashier at magbayad sa kahera ng kaukulang babayarin.	2. Papuntahin ang pasyente sa Cashier upang magbayad ng kaukulang babayaran.	Tingnan sa Ibaba	1 minuto	Radiologic Technologist Radiology Department
3. Bumalik sa kwarto na unang pinuntahan sa Radiology Department at ipakita ang Radiology Request Form o referral form kalakip ang opisyal na resibo.	3.1 Tanggapin ang resibo at Radiology Request Form o referral form. Isulat ang radiology number at iba pang mahalagang impormasyon sa "Logbook for Radiology Examinations".	Wala	2 minuto	Radiologic Technologist Radiology Department



Pumunta sa Radiology Department	 3.2 Isulat ang radiology file number sa opisyal na resibo at magbigay ng maikling paliwanag sa proseso at iba pang kailangang impormasyon na dapat malaman ng pasyente. 4. Tanggapin at ipila ang Request Form 	Wala	5 minuto	Radiologic Technologist
sa nakaiskedyul na araw at oras at ibigay ang nakumpletong Radiology Request Form.	kasama ang iba pang request.	waa	2 11111000	Radiology Department
5. Manatili sa upuan sa tapat ng Radiology Department at maghintay na tawagin ang pangalan.	5. Tawagin ang pangalan ng pasyente. Ihanda ang pasyente at makina na kailangan.	Wala	13 minuto	Radiologic Technologist Radiology Department
6. Sumailalim sa proseso.	6. Isagawa ang proseso.	Wala	30 minuto	Radiologic Technologist Resident Radiologist Radiology Department
7. Manatili at maghintay muli sa nakatalagang lugar na hintayan ng mga pasyente sa harap ng x-ray room.	7. Suriin ang imahe. Ulitin ang pagsusuri kung kailangan.	Wala	15 minuto	Radiologic Technologist Resident Radiologist Radiology Department
8. Balikan ang resulta sa nakatakdang araw at oras ng pagkuha.	8. Para sa Inpatient, ipaalam sa Staff Nurse na maaari nang ibalik ang pasyente sa kanilang kwarto at itatawag nalang kung may resulta na. Para sa mga outpatient, sabihan na balikan ang resulta sa itinakdang araw at	Wala	2 minuto	Radiologic Technologist Radiology Department
	oras ng pagkuha. Sagutan ang Client Satisf	action Rating Form		
	TOTAL	Tingnan sa Ibaba	1 oras, 25 minuto	



X-RAY				
Vertebral Column		Skull		
Cervical Spine APL	PHP 450.00	Cranium/ Skull APL	PHP 450.00	
Thoracic Spine APL	PHP 500.00	Cranium/ Skull Series	PHP 450.00	
Thoraco-Lumbar Spine APL	PHP 700.00	Orbital	PHP 450.00	
Lumbar Spine APL	PHP 450.00	Mastoid Process	PHP 450.00	
Lumbo Sacral APL	PHP 450.00	Towne's View	PHP 350.00	
KUB AP	PHP 450.00	Water's View	PHP 350.00	
KUB IVP	PHP 1, 200.00	Upper Extremities: Arm/ Humerus		
Scoliosis Series	PHP 900.00	Elbow	PHP 300.00	
Shoulder Girdle	<u> </u>	Forearm/ AR	PHP 300.00	
Shoulder Joint	PHP 400.00	Hand	PHP 300.00	
Clavicle	PHP 400.00	Wrist	PHP 300.00	
Scapula	PHP 450.00	Low Extremities		
Pelvis AP	PHP 300.00	Femur/ Thigh	PHP 350.00	
Pelvis APL	PHP 450.00	Leg	PHP 350.00	
Hip Joint	PHP 450.00	Knee	PHP 300.00	
Sacrum APL	PHP 450.00	Ankle	PHP 350.00	
Lungs	•	Foot	PHP 350.00	
Pedia Chest AP/L	Skeletal Survey	PHP 1, 500.00		
Chest PA	PHP 250.00	Facial Bone		
Chest PA/ Lateral	PHP 350.00	Zygomatic Bones	PHP 450.00	
Apicolordotic View	Php 200.00	TMJ	PHP 450.00	
Chest with Bucky	PHP 400.00	Mandible	PHP 450.00	
Chest Lateral Decubitus	PHP 300.00	STL	PHP 400.00	
Babygram	PHP 400.00	Shoulder Girdle		
Bony Thorax	·	Paranasal Sinuses	PHP 600.00	
Thoracic Cage	Nasal Bone	PHP 500.00		
Rib Cage AP	PHP 400.00	Plain Abdomen	PHP 450.00	
Rib Cage AP/ Oblique	PHP 500.00	Plain Abdomen Upright Supine	PHP 500.00	

ULTRASOUND			
Whole Abdomen	PHP 1, 300.00	Ultrasound Special Exam	
Upper Abdomen	PHP 950.00	Thyroid	PHP 700.00
HBT	PHP 450.00	Neck	PHP 900.00
Liver	PHP 450.00	Chest	PHP 900.00
Gall Bladder	PHP 350.00	Breast	PHP 700.00
Spleen	PHP 450.00	Scrotal	PHP 800.00
Pancreas	PHP 450.00	Inguino/ Scrotal	PHP 1, 500.00
KUB	PHP 450.00	Leg/ Thigh	PHP 800.00
KUB/ Prostate	PHP 650.00	Soft Tissues/ Mass	PHP 900.00
Transvaginal	PHP 600.00	Transrectal	PHP 600.00
BPS	PHP 600.00	BPS (Bio-Physical Scoring)	PHP 600.00
Pelvic	PHP 400.00		
Lower Abdomen	PHP 900.00		
Single Organ	PHP 350.00		
2 – Organ	PHP 450.00		
3 – Organ	PHP 550.00		
4 – Organ	PHP 650.00		



35. MEAL PREPARATION AND DISTRIBUTION

Dietary Department ensures that nutritious, attractive and palatable meals are served to patients while maintaining high standard of sanitation. It also provides nutritional care and counseling to patients to analyze various health needs in regard to diet and exercise.

<u> </u>	ents to analyze various health needs in regard	to dict and excress.					
OFFICE OR DIVISION	Ospital ng Imus – Dietary Department	Ospital ng Imus – Dietary Department					
CLASSIFICATION	Simple						
TYPE OF TRANSACTION	G2C – Government to Citizens	32C – Government to Citizens					
WHO MAY AVAIL THE SERVICE	Ospital ng Imus - Inpatients	Ospital ng Imus - Inpatients					
CHECKLIST	OF REQUIREMENTS		WHERE TO SECUR	RE			
Attending Physician's Diet Order		Hospital Information Sy	ystem (HIS)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE			
1. Receive information regarding	1.1 Receiving of Diet Order from the	None	5 minutes	Ma. Ana Katrina S.			
patient's diet.	Attending Physician.			Lardizabal			
				Jezlin Hannah C. Ricafort			
				Dietary Department			
	1.2 Prepare and cook the patient's meal.	None	1 hour	Justine Mae T. Reyes			
				Consessionaire/Cook			
				Dean Allen B. Rodriguez			
				Dietary Department			
2. Receives the meal distributed	2. Distribute or deliver the patient's meal.	None	10 minutes	Dean Allen B. Rodriguez			
by the Dietary Department.				Dietary Department			
Return meal trays.	3. Collect meal trays from patient's room.	None	10 minutes	Dean Allen B. Rodriguez			
				Dietary Department			
TOTAL None 1 hour, 25 minutes							



36. NUTRITION COUNSELLING o PAGPAPAYONG NUTRISYON SA MGA INPATIENT

Ang Dietary Department ay sinisigurado na ang mga pasyente na nangangailangan at mayroong referral para sa pagpapayong nutrisyon at naka-marka ng May-Go-Home ay matuturuan at mabibigyan ng payo na naaayon sa kanilang pangangailangang nutrisyon para sa kanilang pag-uwi.

may so Home ay matatardan at masis	. <u> </u>			ara ca mariig pag arr	•
OPISINA o DIBISYON					
KLASIPIKASYON		Simple			
URI NG TRANSAKSYON		G2C – Government to Citize	ns		
SINO ANG NANGANGAILANGAN NG SERBISYO Ospital ng Imus - Inpatient					
TSEKLIST NG KAIL	ANGANG DO	KUMENTO		SAAN MAKUKUH	A
Attending Physician's referral para sa	Diet Counsellin	g/Instructions	Hospital Information Sy	stem (HIS)	
			Patient's Chart		
HAKBANG NG KLIYENTE	AKS'	YON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
Pagtanggap ng referral para sa pagtuturo ng diyeta sa pasyente.	sa 1.1 Pagtanggap ng referral para sa diyeta ng pasyente mula sa doktor o Attending Physician. 1.2 Paghahanda at pagpaplano ng Diet Prescription ng pasyente, kasama ang sample menu, listahan ng dami ng pagkain, at paghahanda ng pagkain sa bahay.		Wala	5 minuto	Ma. Ana Katrina S. Lardizabal Jezlin Hannah C. Ricafort Dietary Department
			Wala	*2 Oras	Ma. Ana Katrina S. Lardizabal Jezlin Hannah C. Ricafort Justine Mae T. Reyes Dietary Department
2. Pagtanggap ng pambahay na tagubilin o reseta ng pagkain.	2. Pagtawag sa kamag-anak ng pasyente o pagpunta ng Nutritionist-Dietitian sa ward o kwarto ng pasyente. *Ang kamag-anak ng pasyente ay maaaring dumiresto sa Dietary Department o ang mga Nutritionist-Dietitian ay pumunta sa mga kwarto upang umpisahan ang pagtuturo ng diyeta sa bahay ng mga pasyenteng mayroong May-Go-Home na instruksyon.		Wala	*1 oras at 30 minuto	Ma. Ana Katrina S. Lardizabal Jezlin Hannah C. Ricafort Dietary Department
		Sagutan ang Client Satis		T	
		KABUUAN	Wala	3 oras at 35 minuto	



37. NUTRITION COUNSELLING o PAGPAPAYONG NUTRISYON SA MGA OUTPATIENT

Ang Dietary Department ay sinisigurado na ang mga pasyente na nangangailangan at mayroong referral para sa pagpapayong nutrisyon ay matuturuan at mabibigyan ng payo na nagayon sa kanilang pangangailangang nutrisyon mula sa pagsusuri ng kanilang doktor sa Outpatient Department (OPD).

mabibigyan ng payo na naaayon sa kanil	nabibigyan ng payo na naaayon sa kanilang pangangailangang nutrisyon mula sa pagsusuri ng kanilang doktor sa Outpatient Department (OPD).				
OPISINA o DIBISYON		Ospital ng Imus – Dietary	Department		
KLASIPIKASYON		Simple			
URI NG TRANSAKSYON		G2C – Government to Cit	izens		
SINO ANG NANGANGAILANGAN NG	SERBISYO	Ospital ng Imus - Inpatien	ts		
TSEKLIST NG KAILAN	NGANG DOKU	JMENTO		SAAN MAKUKU	HA
Out Patient Department's Doctors' referr	al for Diet Cou	unselling/Instructions	Diet Prescription		
HAKBANG NG KLIYENTE	AKSY	ON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
Pagtanggap ng referral para sa pagtuturo ng diyeta sa pasyente.	 1.1 Pagtanggap ng referral para sa diyeta ng pasyente mula sa kanilang doktor sa OPD. 1.2 Paghahanda at pagpaplano ng Diet Prescription ng pasyente, kasama ang sample menu, listahan ng dami ng pagkain, at paghahanda ng pagkain sa bahay. 		Wala	5 minuto	Ma. Ana Katrina S. Lardizabal Jezlin Hannah C. Ricafort Dietary Department
			Wala	*45 minuto	Ma. Ana Katrina S. Lardizabal Jezlin Hannah C. Ricafort Justine Mae T. Reyes Dietary Department
2. Pagtanggap ng pambahay na tagubilin o reseta ng pagkain.			Wala	*1 oras at 30 minuto	Ma. Ana Katrina S. Lardizabal Jezlin Hannah C. Ricafort Dietary Department
	ay maaaring	nte at/o kamag-anak nila I dumiretso sa opisina ng artment o sa cafeteria.			
		KABUUAN	Wala	2 oras at 20 minuto	



38. PAGSASAGAWA NG OPERASYON

Ito ay isang proseso o metodo sa pag-oopera sa katawan ng pasyente.

OPISINA o DIBISYON	Ospital ng Imus – Operating Re	oom		
KLASIPIKASYON	Simple			
URI NG TRANSAKSYON	G2C – Government to Citizens			
SINO ANG NANGANGAILANGAN NG SERBIS				
TSEKLIST NG KAILANG		SAAN MAKUKU	HA	
Intraoperative Counting Record		OR-DR Complex		
Surgical Safety Checklist		Nursing Ward		
Surgical Pathology Request		Nursing Ward		
Partograph		OR-DR Complex		
Anesthesia Chart		OR-DR Complex		
Record of Operation		OR-DR Complex		
Pre-operative Checklist		Nursing Ward		
Informed Consent for Surgery, Anesthesia or Ot	her Procedures	Nursing Ward		
OR-DR Complex Notification Slip		OR-DR Complex		
Doctor's Order Sheet kung saan nakasaad ang	takdang petsa ng operasyon	Nursing Ward		
Patient's Medical Chart		Nursing Ward		
HAKBANG NG KLIYENTE	AKSYON NG AHENSYA	HALAGA NG	TAGAL NG	TAONG NAKATALAGA
		BABAYARAN	AKTIBIDAD	
1. Pumirma sa Informed Consent for Surgery,			3 minuto	Nurse I
Anesthesia or Other Procedures at ihanda ang	oras at planong operasyon para sa			_(Nursing Ward o
sarili bago ang operasyon ayon sa abiso ng	pasyente. Para sa kaso ng emergency,			Emergency Room)
mga Nurse.	kailangan ito gawin agad.			
	00.00	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	1.2 Magbigay ng OR-DR Complex		5 minuto	
	Notification Slip kalakip dito ang			
	impormasyon ng pasyente at paraan ng			
2. Daga numasak sa Operating Deem iyuanan	operasyon.	Wala	*4 <i>E</i> mainta	Newsol
2. Bago pumasok sa Operating Room, iwanan		vvaia	*15 minuto	Nurse I (OR-DR Complex)
ang mahahalagang bagay o gamit sa kasama	ang medical chart galing sa pinagmulang yunit. Siguraduhing			(OK-DK Complex)
o bantay.	pinagmulang yunit. Siguraduhing napapirmahan ang Informed Consent			
	for Surgery, Anesthesia or Other			



Procedures at nagawa ang lahat nang nakasulat sa Pre-operative Checklist.			
2.2 Dalhin ang pasyente sa Operating Room.	Wala	3 minuto	
2.3 Kuhanan ang pasyente ng vital signs at ikabit sa monitor. Ipagbigay alam sa doktor kung kinakailangan.	Wala	5 minuto	
2.4 Maghanda at magbigay ng Anesthesia na nararapat sa operasyon ng pasyente.	Wala	*30 minuto	Medical Specialist I o Medical Specialist II
2.5 Pagsasagawa ng time-out bago ang operasyon gamit ang Surgical Safety Checklist.	Wala	15 minuto	Nurse I (OR-DR Complex)
			Medical Specialist I o Medical Specialist II (Surgery/OB/ Anesthesiology)
2.6 Pagsasagawa ng operasyon. Siguraduhing naitala ang oras ng simula at katapusan ng operasyon.	Wala	*30 minuto (minor na operasyon)	Nurse I (OR-DR Complex)
		*1 oras (major na operasyon)	Medical Officer III
			Medical Specialist I o Medical Specialist II (Surgery/OB/ Anesthesiology)
2.7 Linisan at bihisan ng bago ang pasyente at dalhin sa Recovery Room.	Wala	15 minuto	Nurse I (OR-DR Complex); Midwife



	2.8 Ilipat ang pasyente sa Recovery Room at kuhanan ng vital sign tuwing ika-labinlimang (15) minuto hanggang nasa Recovery Room. Ipagbigay alam sa doktor kung kinakailangan. 2.9 Pagsagawa ng order ng doktor at pagbigay ng gamot pagkatapos ng	Wala Wala	*2 oras *30 minuto	Nurse I (OR-DR Complex) Nurse I
	operasyon.		00 1111110110	(OR-DR Complex)
	2.10 Siguraduhing nasulatan ng doktor ang mga sumusunod: - Record of Operation - Anesthesia Chart - Surgical Pathology Request (kung may specimen na papahistopath) -Partograph (para sa Caesarean Section) - Doctor's Order Sheet -Final Diagnosis	Wala	*30 minuto	Medical Specialist / Medical Officer III (Surgery/OB Department)
3. Dalhin ng kamag-anak ang specimen na ipapaeksamin sa Laboratory Department. Ang specimen na hindi ipapaeksamin ay tatanggapin lamang at kailangang lumagda sa Receiving Logbook ng OR-DR.	Department.	1,500 pataas depende sa laki ng specimen na ipapaeksamin. Wala (kung hindi na kailangang ipaeksamin)	*15 minuto	Nurse I (OR-DR Complex)
	3.2 Ipagbigay alam sa yunit na pinanggalingan ng pasyente ang napipintong paglabas ng pasyente sa Recovery Room.	Wala	3 minuto	Nurse I (OR-DR Complex)



	KABUUAN	*Depende kung mayroong ipapaeksamin na specimen	*6 oras at 29 minuto	
e	3.4 Pagtanggap ng pasyente at pag- endorso ng tsart sa Nurse na nakatalaga sa Nursing Ward.	Wala	*20 minuto	Nurse I (OR-DR Complex) Nurse I (Nursing Ward)
F	8.3 Ilipat ang pasyente mula Recovery Room papuntang kwarto sa Nursing Vard.	Wala	20 minuto	Nurse I (OR-DR Complex) Transporter Utility

^{*}Ang kabuuang oras ay maaaring magbago depende sa klase at uri ng operasyong isasagawa, at kalagayan ng pasyente.



39. RECRUITMENT, SELECTION AND PLACEMENT OF EMPLOYEES

Recruitment, selection and placement is the process of assessing applicants in order to select and place qualified applicants in a specific position.

Vacant positions in Ospital Ng Imus are posted in any of the following areas:

- Mayor's Office Bulletin Board
- Vice Mayor's Office/ Sangguniang Panglungsod Bulletin Board
- Public Employment Service Office (PESO) Bulletin Board
- Imus Public Market Bulletin Board
- Imus Extension Office Bulletin Board
- Imus Human Resource (HR) Bulletin Board (located at the Lobby)
- Civil Service Commission (CSC) Imus Field Office Bulletin Board
- Human Resource Ospital ng Imus (HR-ONI) Bulletin Board

Vacant positions are also posted in the City of Imus and Ospital Ng Imus pages. Application is open to all who meet the qualifications of the position to be filled. A Personnel Selection Board (PSB) screens and evaluates all qualified applicants and submits the list of candidates recommended for appointment to the appointment to Appointing Authority

appointment to Appointing Authority.					
OFFICE OR DIVISION	Ospital ng Imus - Human Resources Departm	nent			
CLASSIFICATION	Highly Technical				
TYPE OF TRANSACTION	2C – Government to Citizens; G2G - Government to Government				
WHO MAY AVAIL THE SERVICE	All				
CHECKLIST (OF REQUIREMENTS		WHERE TO SEC	URE	
Letter of Intent to apply for the desired	position	Applicants			
One (1) Copy of Duly accomplished P	ersonal Data Sheet (PDS) with passport size	Civil Service Commissi	on (CSC) Website		
picture with handwritten name and sig	nature)				
One (1) Photocopy of Eligibility (if app	licable)	Civil Service Commissi	on/ Professional Regu	ulation Commission (PRC)	
One (1) Photocopy of Transcript of Re	ecords (TOR)	Universities/ Sate Colle	eges		
One (1) Photocopy of Valid Governme	ent ID	Government Agencies			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Refer to the list of vacant positions posted by the Human Resources Department (HRD) in designated areas and websites.	designated areas and websites.	None	15 days	Human Resource Management Officer III	



2. Submission of Pre-employment Application requirements.	2.1 Receive the submitted pre- employment application requirements.	None	1 minute	Human Resource Management Officer III
				Human Resource Management Officer I
	2.2 Conduct pre-screening of the documents submitted by the applicant to determine if he/she met the minimum qualifications for the position.	None	1 day	Human Resource Management Officer I
	2.3 Administer written examination of qualified applicant.	None	1 day	Human Resource Management Officer I
	2.4 Review pre-screening results of qualified applicant. Conduct interview, deliberate and evaluate the qualifications and competence of the applicant for the position.	None	1 day	Human Resource Management Officer I
	2.5 Process results of the Personnel Selection Board (PSB) Screening, conduct background investigation, and prepare the Comprehensive Evaluation Report. Submit the Comprehensive Evaluation Report to the Appointing Authority.	None	5 days	Human Resource Management Officer I
	2.6 Assess the merits of the recommendation made by the PSB through the Comprehensive Evaluation Report.	None	3 days	Local Chief Executive
	2.7 Inform the candidate selected by the Appointing Authority by telephone or email and request for pre-employment requirements.	None	2 days	Human Resource Management Officer I



3. Submit all the requested pre-	3. After selected applicant has submitted	None	5 days	Administrative Officer II
employment requirements. all the requirements for appointment,			·	Human Resources
			Department	
	TOTAL	None	33 days, 1 minute	



OSPITAL NG IMUS INTERNAL SERVICES



1. PAGTANGGAP NG MGA DOKUMENTO

Ang Chief of Medical Professional Staff ay isa sa mga support unit ng institusyon. Lahat ng dokumento, komunikasyon, hospital issuance at proseso patungkol sa Medical Service Department at mga kaakibat na Ancillary Services ay dumadaan sa opisinang ito para sa pagsusuri at rekomendasyon bago ipasa sa opisina ng Chief of Hospital II.

Offici of Hospital II.					
OPISINA o DIBISYON Ospital ng Imus – Chief of Me		edical Professional Staf	f		
KLASIPIKASYON		Simple			
URI NG TRANSAKSYON		G2G-Government to Government	nent		
SINO ANG NANGANGAILANG		Lahat			
TSEKLIST NG	KAILANGANG DO	KUMENTO		SAAN MAKUKU	JHA
Wala			Wala		
HAKBANG NG KLIYENTE	AKSY	ON NG AHENSYA	HALAGA NG BABAYARAN	TAGAL NG AKTIBIDAD	TAONG NAKATALAGA
Magsumite ng mga dokumento sa tauhan ng CMPS.	1. Tanggapin an	g dokumento.	Wala	2 minuto	Dr. Mary Del V. Agarin- Bathan and Victor Hugo Chief of Medical Professional Staff
	Pagtatala ng dokumentong natanggap. Regpasa ng dokumento sa CMPS.		Wala	5 minuto	Dr. Mary Del V. Agarin- Bathan and Victor Hugo Chief of Medical Professional Staff
			Wala	3 minuto	Dr. Mary Del V. Agarin- Bathan and Victor Hugo Chief of Medical Professional Staff
	Pagsusuri at paksyon ng natanggap.	pagsasagawa ng nararapat na CMPS sa dokumentong	Wala	1 araw	Dr. Mary Del V. Agarin- Bathan and Victor Hugo Chief of Medical Professional Staff
	5. Magrekomend Chief of Hospi	la para sa pag-apruba ng tal II.	Wala	5 minuto	Dr. Mary Del V. Agarin- Bathan and Victor Hugo Chief of Medical Professional Staff
KABUUAN			Wala	1 araw 15 minuto	
		Fill-out Client Satisfac	tion Rating Form		
		KABUUAN	Wala	2 araw	



2. LEAVE ADMINISTRATION

Leave administration is performed to be able to accommodate employees authorized leave of absence at work. Employees must accomplish Leave Application Form in order to file their leave of absence.

OFFICE OR DIVISION	Ospital ng Imus - Human Resources Department					
CLASSIFICATION	Complex					
TYPE OF TRANSACTION	G2G – Government to Government					
WHO MAY AVAIL THE SERVICE	Employees of Ospital ng Imus					
	REQUIREMENTS		WHERE TO SECUR			
Three (3) Copies of Leave Application F	orm	Ospital ng Imus – Hum	an Resources Departme	nt; Departments of Ospital ng		
		Imus				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit the three (3) copies of Leave Application Form to Human Resources Department.	1.1 Check all the necessary information needed in the Leave Application Form, if it is properly and completely accomplished.	None	3 minutes	Human Resource Management Officer I Ospital ng Imus - Human Resources Department		
	1.2 Check the leave cards and leave credit balance of the employees. Accomplished necessary details for Leave Application Form.	None	10 minutes	Human Resource Management Officer I		
	1.3 Submit complete leave application form for signature of the Authorized HRMO personnel.	None	10 minutes	Human Resource Management Officer I Human Resource Management Officer III		
	1.4 Submit signed leave application form for signature of the Department Head of the Ospital ng Imus.	None	10 minutes	Messenger Chief of Hospital II		
	1.5 Submit to City Administrator the fully accomplished Leave Application Form for signatory.	None	1 day	Messenger		
2. Follow-up their filed leave application form.	2.1 Claim the signed Leave Application Form of employees.	None	2 days	Messenger		



	2.2 Sort the Human Resources Department copy and Employees' copy. Distribute employees' copy.	None	10 minutes	Human Resource Management Officer I Messenger
Fill-out Client Satisfaction Rating Form				
	TOTAL	None	3 days, 43 minutes	



3. TIMEKEEPING

Timekeeping refers to the monitoring of the employees' attendance. Employees who failed to time in and out during their breaks due to reasonable cause (e.g. assisting patients, etc.) may file for exemption for their attendance. Employees who are tasked to transact on the areas outside the hospital vicinity must file the respective forms in order to be considered as official businesses.

OFFICE OR DIVISION	Ospital ng Imus - Human Resources Dep	Ospital ng Imus - Human Resources Department			
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	Employees of Ospital ng Imus				
CHECKLIST OF I	REQUIREMENTS		WHERE TO SEC		
One (1) Copy of Accomplished No Log S		Ospital ng Imus – Hum			
One (1) Copy of Accomplished Change S		Ospital ng Imus – Hum			
Two (2) Copies of Accomplished Individu		Ospital ng Imus – Hum	•		
Two (2) Copies of Accomplished Group F		Ospital ng Imus – Hum			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. File and submit: No Log Slip Form – for missed biometric data Change Schedule/ Shift For – for changes in the employees' schedule Individual Pass Slip – for employees who are on official business within the vicinity. Group Pass Slip for group of employees	No Log Slip Form Change Schedule/ Shift Form Individual Pass Slip Group Pass Slip	None	2 minutes	Administrative Aide VI Human Resource Management Assistant I Human Resource Management Officer I Human Resource Management Officer III Human Resources Departmet	
who are on official business within the vicinity.	1.2 Submit forms to the Authorized Personnel for signature.	None	1 day	Messenger Human Resource Management Officer III Chief of Hospital II Human Resource Management Officer V	
	1.3 Submit summary of reports to City Government of Imus - Information Technology Department for reference.	None	1 day	Human Resource Management Officer I Human Resource Management Assistant I Messenger	
	TOTAL	None	2 days, 2 minutes		



4. OTHER EMPLOYEES' REQUESTS

Employees may request their records on the Human Resources Department (HRD) as a requirement for whatever legal purpose it may serve them.

Ospital no Imus - Human Resources Department

OFFICE OR DIVISION	Ospital ng Imus - Human Resources Department					
CLASSIFICATION	Simple	Simple				
TYPE OF TRANSACTION	G2G – Government to Government					
WHO MAY AVAIL THE SERVICE	Employees of Ospital ng Imus					
CHECKLIST OF I	REQUIREMENTS		WHERE TO SEC	URE		
One (1) Copy of HRD Request Form		Ospital ng Imus - Hu	man Resources Departi	ment		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Accomplish HRD Request Form.	Issue HRD Request Form.	None	1 minute	Human Resource		
				Management Officer III		
				Human Resource		
				Management Officer I		
				Human Resource Manaement		
				Assistant I		
				Messenger		
2. Submit to Human Resources	2.1 Create the requests of employees:	None	1 day	Human Resource		
Department the accomplished HRD	, ,			Management Officer III		
Request Form.	Pay slip			Human Resource		
	Service Record			Management Officer I		
	Certificate of Leave Credit Balance			Human Resource		
				Management Assistant I		
				Messenger Bookbinder IV - HRMO		
				BOOKDINGEL IV - HRIVIO		
	2.2 Submit the created requests to the	None	1 day	Human Resource		
	authorized signatory:	140110	1 day	Management Officer V -		
	a. Certificate of Employment			HRMO		
	b. Service Record			Human Resource		
	c. Certificate of Leave Credit Balance			Management Officer IV -		
				HRMO		
				Messenger		
	2.3 Release to employees the	None	5 minutes	Messenger		
	requested documents.			Ospital ng Imus - Human		
	21010			Resources Department		



Fill-out Client Satisfaction Rating Form				
	TOTAL	None	2 day, 6 minutes	

5. DISBURSEMENTS (CLAIMS)

Settlement of government payables/ obligations by cash or by check.

Settlement of government payar	bles/ obligations by cash or by check.				
OFFICE OR DIVISION	Ospital ng Imus – Accounting Department				
CLASSIFICATION	Highly Technical				
TYPE OF TRANSACTION	G2G - Government to Government; G2B - Government to Business; G2C - Government to Citizens				
WHO MAY AVAIL THE SERVICE	All Authorized Representative				
CHECKLIST C	OF REQUIREMENTS		WHERE TO SEC	CURE	
Supporting Documents		Issuing Agency			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit required documents.	1.1 Receives submitted documents by clients.	None	5 minutes	Avelina R. Satorre, Ericka Joy L. Mallillin and Mark D. Estrella Accounting Department	
	1.2 Check the completeness of documents and the correctness of the mathematical computation.	None	30 minutes	Avelina R. Satorre, Ericka Joy L. Mallillin and Mark D. Estrella Accounting Department	
2. Proceed to City Treasurer's Office and receive the claims and sign the receiving documents.	2. Process the vouchers and once approved, inform the client/s to claim the check payment at the City Treasurer's Office	None	20 days	Mark D. Estrella Accounting Department	
	TOTAL	None	20 days, 35 minutes		



6. OBLIGATION REQUEST (OBR)

The procedure aims to establish uniform and standard budget plan and monitoring for the budget request transactions.

OFFICE OR DEPARTMENT	biloti dililottii dila ot	Ospital ng Imus – Budget Der	<u> </u>	ioot tranicactionic.	
CLASSIFICATION			еранивенн		
		Highly Technical	and Transportion		
KIND OF TRANSACTION	-	G2G Government to Government			
WHO MAY AVAIL THE SERVICE		Accounting and Human Reso	urce Management Depa		UDE
CHECKLIST OF DOCUMENTS WHERE TO SECURE		URE			
Disbursement Voucher & Support			Human Resource Mana		
Purchase Order & Supporting Doo			Accounting Departmen		
CLIENT STEPS	AGI	ENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Submit all the required		mitted documents by clients.	None	5 minutes	Jose Emmanuel E. Donggon
documents.	1.2 Check the co	mpeleteness of the required	None	10 minutes	Budget Department
		e amounts and computations.			
		request is aligned with the	None	10 minutes	
		ent management plan and if			
		e in accordance with the			
	approved budget.				
		ion request form/s to the	None		
		gnature and approval by the		10 minutes	
	Chief of Hospital.				
2. Submit the approved and		mitted signed and approved	None	5 minutes	Jose Emmanuel E. Donggon
signed obligation request by the	obligation reque	est and all supporting			Budget Department
Chief of Hospital and all its	documents.				
supporting documents					
		Obligation Request and all			
		ents to the City Budget Officer	None	3 days	
O. Description (III)	for final approval a	· ·	NI.	F	l los EspecialE D
3. Receives the fully approved		and signed, secure a copy of	None	5 minutes	Jose Emmanuel E. Donggon
and signed Obligation Request		for recording & monitoring,			Budget Department
and all its supporting documents.	nd all its supporting documents. and then release the obligation request and all supporting documents to the client/s.				
	supporting docume		ion Doting Form		
		Fill-out Client Satisfact TOTAL	None	2 Davis 4F	1
		IOTAL	None	3 Days, 45	
				minutes	



7. BUILDING MAINTENANCE

The Engineering and Maintenance Department is responsible in the overall monitoring, maintenance and repair of hospital infrastructure such as construction, plumbing, electrical, etc. The department ensures that the hospital infrastructure is safe for all patients, visitors and its personnel.

OFFICE OR DIVISION	Ospital ng Imus – Engineering and Maintenance Department
CLASSIFICATION	Highly Technical
TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL THE	All Sections and Departments in Ospital ng Imus
SERVICE	

CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	URE
Job Order Request Form		Engineering and Mainte	enance Department	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Make a call to Engineering and Maintenance Department to report the problem.		None	10 minutes	Engineer II Engineer I Engineering and Maintenance Department
2. End user must fill-up the Job Order Request Form completely.	2. Once the request has been received, check and proceed to the concerned area or department, verify the details in the Job Order Request Form and inform the staff if the concern can be repaired.	None	20 minutes	Engineer II Engineer I Engineering and Maintenance Department
3. End user must wait for the details or results of the assessment performed by the Engineering and Maintenance Personnel.	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	None	60 days	Engineer II Engineer I Engineer I Engineering and Maintenance Department Administrative Officer III Bookkeeper III Property and Supply Department
4. Receive the Job Order Request Form from the Engineering and Maintenance Department for validation.	accomplish Job Order Request Form. Note the following concern in the Facility Monitoring Logbook.	None	15 minutes	Engineer II Engineer I Engineering and Maintenance Department
	TOTAL	None	60 days, 45 minutes	

NOTE: Building Maintenance - qualified for multi-stage processing



8. EQUIPMENT MAINTENANCE

The Engineering and Maintenance Department is responsible in the overall monitoring, maintenance and repair of machinery and equipment. The department ensures that the equipment runs smoothly to reduce the incidence of costly breakdowns through development of action plans.

eneared that the equipment rand enter	inly to reduce the incluence of costly breakdo		nt or action plane.	
OFFICE OR DIVISION	Ospital ng Imus - Engineering and Maintenar	nce Department		
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G - Government to Government			
WHO MAY AVAIL THE SERVICE	All Sections and Department in Ospital ng Im-	us		
CHECKLIST	LIST OF REQUIREMENTS WHERE TO SECURE		CURE	
Job Order Request Form		Engineering and Maint	enance Department	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Make a call to Engineering and Maintenance Department to report the problem. 	proceed to the concerned department.	None	10 minutes	Engineer I Engineering and Maintenance Department
End user must fill-up the Joh Order Request Form completely.	check and proceed to the concerned area or department, verify the request form and inform the staff if equipment can be repaired within the area or will be pulled out.	None	20 minutes	Engineer I Engineering and Maintenance Department
3. End user must wait for the details or results of the assessmen performed by the Engineering and Maintenance Personnel.	repairable. If repairable, verify with the	Outsourcing Price	60 days	Engineer II Engineer I Engineer I Engineering and Maintenance Department Administrative Officer III Bookkeeper III Property and Supply Department
4. Receive the Job Order Reques Form (L3-ENG-001-1/0) from the	4. If the problem is already resolved,	None	15 minutes	Engineer I Engineering and Maintenance Department

, CITY OF IMUS

following concern in the Facility g Logbook.		
TOTAL Outsourcing Price	60 days, 45 minutes	

NOTE: Equipment Maintenance - qualified for multi-stage processing

9. BASIC HOSPITAL INFORMATION SYSTEM SUPPORT

Basic Hospital Information System (HIS) Support covers question & queries regarding the system, ask for assistance, basic tutorials and other minor problems that the end user may encounter.

that the ona aser may checanter.					
OFFICE OR DIVISION	Ospital ng Imus – Information Technology Department				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE SERVICE	Ospital ng Imus: Sections and Department				
CHECKLIST O	F REQUIREMENTS		WHERE TO SEC	URE	
None		None			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Call to report a basic system concern or ask for assistance.	1. Take the call and evaluate the concern.	None	2 minutes	Rogelio A. Castronuevo III, Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department	
Follow some instructions that will be given by the Information Technology Department (ITD) Personnel.	or remote desktop assistance if possible.	None	5 minutes	Rogelio A. Castronuevo III, Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department	
Check and validate if the concern were properly attended.	Troubleshooting and Monitoring Logbook.	None	5 minutes	Rogelio A. Castronuevo III, Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department	
	Fill-out Client Satfisfaction Rating Form				
	TOTAL None 12 minutes				



10. MODERATE HOSPITAL INFORMATION SYSTEM SUPPORT

Moderate Hospital Information System (HIS) Support covers network error or runtime of the system, actual assistance, advance tutorials and other difficult problems that the end user may encounter.

OFFICE OR DIVISION	Ospital ng Imus – Information Technology Department			
	imple			
	32G – Government to Government			
	Spital ng Imus: Sections and Department			
	F REQUIREMENTS		WHERE TO SEC	URE
Service Request Form		Information Technology		
Service Report Form		Information Technology		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Call to report the problem regarding Hospital Information System.		None	5 minutes	Rogelio A. Castronuevo III, Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
2. Fill out Service Request Form and give to the Information Technology Department (ITD) Personnel.	2.1 Receive the Service Request Form then assess and analyze the problem encountered.	None	5 minutes	Rogelio A. Castronuevo III, Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology
	2.2 Assist the client and fix the existing problem encountered.	None	10 minutes	Department
3. Check if the concern is fixed and properly attended.	3. Accomplish Service Report Form.	None	5 minutes	Rogelio A. Castronuevo III, Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
4. Validate the Service Report Form.	4. Note the concerns in the Troubleshooting and Monitoring Logbook.	None	5 minutes	Rogelio A. Castronuevo III, Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
	Fill-out Client Satfisfac	1		I
	TOTAL	None	30 minutes	



11. ADVANCE HOSPITAL INFORMATION SYSTEM SUPPORT

Advanced Hospital Information System (HIS) Support covers logical system error, bug, downtime and also updates and upgrades.

OFFICE OR DIVISION	Ospital ng Imus – Information Technology De	partment		-
CLASSIFICATION	Complex			
	32G – Government to Government			
	Spital ng Imus: Sections and Department			
	REQUIREMENTS		WHERE TO SEC	URE
Service Request Form		Information Technology		
Service Report Form		Information Technology		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Call to report the problem regarding Hospital Information System (HIS).	Receive the call and proceed to the concerned department.	None	5 minutes	Rogelio A. Castronuevo III, Information Technology Department
2. Fill out Service Request Form and give to the Information Technology Department (ITD) Personnel.	2.1 Receive the Service Request Form then assess and analyze the problem encountered.	None	5 minutes	Rogelio A. Castronuevo III, Information Technology Department
	2.2 Assist the client and fix the existing problem encountered.	None	10 minutes	
3. Wait for feedback regarding concern.	3.1 If the problem cannot be resolved, submit a Bizbox Helpdesk Ticket to ask for technical support.	None	5 minutes	Rogelio A. Castronuevo III, Information Technology Department
	3.2 Work with the Helpdesk Team and fix the problem encountered by the client.	None	7 days	
	3.3 If the problem is already resolved, accomplish Service Report Form.	None	5 minutes	
4. Validate the Service Report Form.	4. Note the concerns in the Troubleshooting and Monitoring Logbook.	None	5 minutes	Rogelio A. Castronuevo III, Information Technology Department
	Fill-out Client Satfisfac	tion Rating Form		
	TOTAL	None	7 days and 35 minutes	



12. ADDING ITEM TO HOSPITAL INFORMATION SYSTEM (HIS)

The process of adding additional items to Hospital Information System (HIS) such as medicines, diagnostic examinations, medical supplies and inventory. This may include addition of employee details needed for documentation purposes

OFFICE OR DIVISION	Ospital ng Imus - Information Technology De	epartment		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	Ospital ng Imus: Sections and Department			
CHECKLIST OF REQUIREMENTS			WHERE TO SECU	JRE
Item Addition and Modification Form		Information Technology Department		
item / taattem and incameation i eim		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

CHECKLIST OF REQUIREMENTS WHERE TO SECU		URE		
Item Addition and Modification Form		Information Technology	/ Department	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish the Requisitioner Part on Hospital Information System – Item Addition and Modification Form. Submit the form for approval to Accounting Department and Office of the Chief of Hospital. Attach related	1.1 Receive accomplished forms.	None	10 minutes	Avelina R. Satorre Accounting Department
document, if necessary.	1.2 Evaluate the request and modify pricing, if necessary, and endorse the request for approval.	None	15 minutes	Avelina R. Satorre Accounting Department
	1.3 Approve the request, if found in order. Otherwise, disapprove or make the necessary comment and return to the requisitioner/ accountant.	None	5 minutes	Dr. Gabriel G. Gabriel Office of the Chief of Hospital Avelina R. Satorre Accounting Department
	1.4 Accomplish the necessary modification as specified on the approved request. Write on the request form the details of the work completed and advise the requisitioner to verify the accomplished task.	None	15 minutes	Rogelio A. Castronuevo III and Lewis Anthony V. Igtiben Information Technology Department
2. Verify on the Hospital Information System (HIS) if the requested modifications have already taken	2. Log the necessary data from HIS – Item Addition and Modification Form to the HIS	None	5 minutes	Rogelio A. Castronuevo III, Information Technology Department

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effect. Signify job acceptance by signing on the HIS – Item Addition and Modification Logbook.	 Item Addition and Modification Logbook and file the request form. 			
Fill-out Client Satfisfaction Rating Form				
TOTAL None 50 minutes				

13. BASIC EQUIPMENT REPAIRS

The process of identifying, troubleshooting and resolving simple problems and issues in a faulty computer and other Information technology (IT) related equipment.

equipment.				
OFFICE OR DIVISION	Ospital ng Imus - Information Technology De	partment		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	Ospital ng Imus: Sections and Department			
CHECKLIST (OF REQUIREMENTS		WHERE TO SEC	URE
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Call to report the problem/concer regarding faulty device/equipment.	1. Receive the call and evaluate the concern.	None	2 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
2. Follow instructions given by the I Personnel.	2. Assist the client via phone instructions or remote desktop assistance if possible.	None	5 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
3. Check and validate the concern properly attended.	if 3. Note the following concern in the Troubleshooting and Monitoring Logbook.	None	5 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
	Fill-out Client Satfisfac	tion Rating Form		
	TOTAL	None	12 minutes	



14. MEDIUM EQUIPMENT REPAIRS

Usually, hardware fault that requires the physical review of a computer and testing for abnormalities. Suspected components may be individually checked or troubleshooted if an error is detected.

OFFICE OR DIVISION	Ospital ng Imus – Information Technology Department			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	Ospital ng Imus: Sections and Department			
CHECKLIST O	F REQUIREMENTS		WHERE TO SEC	URE
Service Request Form		Information Technology	/ Department	
Service Report Form		Information Technology	/ Department	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE
			TIME	
Call to report the problem/concern regarding faulty device/equipment.	Receive the call and proceed to the concerned department.	None	5 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
2. Fill out the Service Request Form and submit to the IT Personnel.	2. Receive the Service Request Form, assess and analyze the problem encountered by the client.	None	15 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
3. Wait for the feedback regarding concern.	3. Assist the client and fix the existing problem encountered.	None	1 day	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
4. Receive the Service Report Form from Information Technology Department (ITD) Personnel for validation.	accomplish a Service Report Form. Note the concerns in the Troubleshooting and Monitoring Logbook.	None	10 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
	Fill-out Client Satfisfac			_
	TOTAL	None	1 day and 30 minutes	



15. ADVANCE EQUIPMENT REPAIRS

Usually, hardware fault that requires the physical review of a computer and testing for abnormalities. Suspected components may be individually checked, troubleshooted or replaced if an error is detected.

OFFICE OR DIVISION	spital ng Imus – Information Technology De	partment		
CLASSIFICATION	omplex			
	2G – Government to Government			
WHO MAY AVAIL THE SERVICE C	Spital ng Imus: Sections and Department			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
Service Request Form		Information Technology		
Service Report Form		Information Technology		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Call to report the problem/concern regarding faulty device/equipment.	Receive the call and proceed to the concerned department.	None	5 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
2. Fill out the Service Request Form and submit to the information Technology Department (ITD) Personnel.	2.1 Receive the Service Request Form, assess and analyze the problem encountered by the client. 2.2 Assist the client and fix the existing problem encountered.	None None	5 minutes 10 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
3. Wait for the feedback regarding concern.	3. If the problem is beyond repair, inform the Property and Supply Department and the end-user. Fill out the Job Order Request.	None	5 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
4. Submit the Job Order Request to the Property and Supply Department.	4. Replace the equipment if there is a spare part/unit available, otherwise, client will have to wait for the replacement. If the problem has been resolved, accomplish a Service Report Form.	None	2 weeks	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
5. Receive the Service Report Form from ITD Personnel for validation.	5. Note the concerns in the Troubleshooting and Monitoring Logbook.	None	5 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben
	Fill-out Client Satfisfac			
	TOTAL	None	2 weeks and 30 minutes	



16. CCTV - VIDEO RECORDING USE AND DISCLOSURE

The installation, configuration, testing, maintenance and repair of Close Circuit Television (CCTV) systems, including its server, uninterruptible power supply and data storages including cameras installed within the hospital premise and peripherals. It includes but not limited to the retrieval and/or copying of video record footages for purposes of legal and administrative cases, or for any other reasons upon the approval of the Chief of Hospital.

OFFICE OR DIVISION	Ospital ng Imus – Information Technology	Department	•	
CLASSIFICATION	Simple	•		
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	Ospital ng Imus: Sections and Department			
	REQUIREMENTS		WHERE TO SEC	URE
CCTV Playback Request Form		Information technology		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE
			TIME	
1. Approach the Information Department Personnel (External) or	1.1 Refer to the IT Personnel if the requisitioner is an external client.	None	5 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben
Information Technology Department	Toquiolionor io air oxiornai olioni.			Information Technology
(ITD) Personnel (Internal) to signify				Department
request for disclosure of video				·
recording.	1.2 Ask the reason for the disclosure of	None	5 minutes	Joseph M. Padlan
	recording and evaluate if valid. If valid,			Information Technology
	advise client to make a written request			Department
	and state the reason for making such request. If not valid, explain to the client			
	that the request is not granted.			
	that the request is not granted.			
	1.3 Evaluate the written request and ask	None	5 minutes	Joseph M. Padlan
	for additional documents, if necessary.			Information Technology
				Department
	1.4 If the request is found valid, submit the	None	30 minutes	Joseph M. Padlan
	request and supporting documents to the	None	30 minutes	Information Technology
	Office of the Chief of Hospital for			Department
	approval. If request is not valid, return it to			
	the requisitioner and explain the reason			
	for non-disclosure of video recording.			

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	1.5 Evaluate if the request can be approved or not. ** If the request is not approved, return it with comments or for further completion of supporting documents.	None	2 hours	Dr. Gabriel G. Gabriel Office of the Chief of Hospital
	1.6 If the request is approved, search for the specific video recording specifically indicated on the request. If the request is not approved, inform or explain to the client the reason/s for such	None	2 hours	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
2. View or secure a file copy of the video recording and sign a corresponding document that he/she viewed or received a file copy of the video recording.	to the client. File the written request and	None	30 minutes	Kris Anthony S. Brillantes and Lewis Anthony V. Igtiben Information Technology Department
	TOTAL	None	5 hours	



17. RECEIPT OF DELIVERIES OF EQUIPMENT, SUPPLIES AND MEDICINES

The Property and Supply Department ensures the completeness of delivered medications and supplies, as well as specifications required of the equipment are met based on Purchased Order issued by the General Service Office.

are met based om i dichased Order issue	a by the centeral cervice emice.			
OFFICE OR DIVISION	Ospital ng Imus - Property and Supply Department			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government, G2B – Government to Business			
WHO MAY AVAIL THE SERVICE	Ospital ng Imus Suppliers			
CHECKLIST OF	REQUIREMENTS		WHERE TO SECU	JRE
Two (2) Photocopies of Delivery Receipt		Ospital ng Imus Supp	olier	
Two (2) Photocopies of Sales Invoice		City Government of I	mus - General Service C	Office
Two (2) Photocopies of Purchase Order		City Government of I	mus - General Service C	Office
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present required documents to Property and Supply Department Personnel. Deliver items.	•	None	5 minutes 2 hours	Mark Joffrey A. Diato Jeffrey A. Campat Gabriel Carl S. San Miguel Property and Supply Department Mark Joffrey A. Diato Jeffrey A. Campat Gabriel Carl S. San Miguel Property and Supply Department
3.Receive the signed invoice/delivery receipt.	3. Acknowledge the items delivered and sign the original invoice/Delivery Receipt (DR).	None	10 minutes	Mark Joffrey A. Diato Jeffrey A. Campat Gabriel Carl S. San Miguel Property and Supply Department
	TOTAL	None	2 hours, 15 minutes	



18. INSPECTION OF DELIVERED ITEMS/ SUPPLIES

The Property and Supply Department ensures the completeness of delivered medications and supplies through inspection, as well as specifications required of the equipment are met based on Purchased Order issued by the General Service Office.

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OFFICE OR DIVISION	Ospital ng Imus - Property and Supply Depa	artment		
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL THE SERVICE	City Government of Imus Personnel (General Service Office, Commission on Audit)			
CHECKLIST O	F REQUIREMENTS		WHERE TO SECU	URE
Two (2) Photocopies of Delivery Recei	ot	Ospital ng Imus Sup	olier	
Two (2) Photocopies of Sales Invoice		Ospital ng Imus Sup	olier	
Two (2) Photocopies of Purchase Orde	er		mus – General Service (Office
Original Copy of Warranty Certificate		Ospital ng Imus Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Check the completeness of documents.	Present the required documents to the General Service Office/Commission on Audit personnel.	None	10 minutes	Mark Joffrey A. Diato Jeffrey A. Campat Gabriel Carl S. San Miguel Property and Supply Department
2. Check, receive and count the delivered items if complete and in accordance with the Purchase Order (PO) specifications.		None	2 hours	Mark Joffrey A. Diato Jeffrey A. Campat Gabriel Carl S. San Miguel Property and Supply Department
	TOTAL	None	2 hours, 10 minutes	



19. REQUISITION AND RELEASING OF SUPPLIES

The department ensures the completeness and accuracy of the requested items are delivered and issued to the requesting department.

OFFICE OR DIVISION	Ospital ng Imus - Property and Supply Department				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL THE	Ospital ng Imus Personnel				
SERVICE					
	OF REQUIREMENTS	OF REQUIREMENTS WHERE TO SECURE			
Two (2) Copies of Request Slip		Property and Supplie			
Two (2) Copies of Stock/Expense Re	equisition Slip; Three (3) Copies for	Property and Supplie	es Department		
consigned items					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Request the needed supplie		None	10 minutes	Mark Joffrey A. Diato	
through Hospital Information System	n (HIS) for any request.			Jeffrey A. Campat	
(HIS).				Gabriel Carl S. San Miguel	
				Property and Supply	
O. Danahua tha itawa fusua Duanant	O Decree and count the Harry to be	Maria	20 Minutes	Department Distance A Distance	
2. Receive the items from Propert		None	30 Minutes	Mark Joffrey A. Diato	
and Supply Department Personnel.	dispensed and released to the requesting department.			Jeffrey A. Campat Gabriel Carl S. San Miguel	
	department.			Property and Supply	
				Department	
3. Countercheck if the supplie	s 3. Post the actual number of items that	None	30 Minutes	Mark Joffrey A. Diato	
received are complete.	have been dispensed.	NOTIC	30 Millates	Jeffrey A. Campat	
received are complete.	nave been disperieda.			Gabriel Carl S. San Miguel	
				Property and Supply	
				Department	
4. Sign the issued Stock/Expens	e 4. Acknowledged and signed the	None	5 Minutes	Mark Joffrey A. Diato	
Requisition Slip by the Property an				Jeffrey A. Campat	
Supply Department Personnel.				Gabriel Carl S. San Miguel	
				Property and Supply	
				Department	
	Fill-out Client Satisfac	tion Rating Form			
	TOTAL	None	1 hour, 15 minutes		



20. CONTROL OF DOCUMENTED INFORMATION

This procedure aims that all documents are approved prior to use, changes and revisions are determined, updated versions are available, documents are understandable, documents of external origin are identified, controlled and obsolete documents are prevented from intended use.

OFFICE OR DIVISION	Ospital ng Imus – Quality Management Services			
CLASSIFICATION	Highly Technical			
	G2G – Government to Government			
	SERVICE Ospital ng Imus: Sections and Department			
	OF REQUIREMENTS		WHERE TO SEC	URE
Documents for Review and Approval		Ospital ng Imus - Section		
Document Change Request Form		Ospital ng Imus - Quali	ty Management Servi	ces
Document Distribution Matrix		Ospital ng Imus - Quali		
Document Distribution and Retrieval	Form	Ospital ng Imus - Quali		
Document Dissemination Form		Ospital ng Imus - Quali	ty Management Servi	ces
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON RESPONSIBLE
			TIME	
Submit the documented information for review.	1.1 Receive the documented information for review.	None	3 minutes	Anna Rose B. Frani-Dagdag and Kristel Abbie P. Laroza Quality Management Services
	1.2 Review and revise the documented information.	None	10 days	Anna Rose B. Frani-Dagdag and Kristel Abbie P. Laroza Quality Management Services
2. Review the documented information and notify the Total Quality Management Personnel regarding the necessary changes.	2. Verify with the process owner and departments involved in the process if there are any necessary changes to be made. If the document is for revision, apply the necessary changes.	None	3 days	Anna Rose B. Frani-Dagdag and Kristel Abbie P. Laroza Quality Management Services
3. Sign in the Document Change Request Form.	3.1 Acquire the signature of the process owner or the department head and let them sign in the Document Change Request Form.	None	1 day	Anna Rose B. Frani-Dagdag and Kristel Abbie P. Laroza Quality Management Services
	a voice	None	5 minutes	

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	3.2 Submit the documented information to Chief Administrative Office and Office of the Chief of Hospital for their approval.			
4. Identify the departments that will be given a controlled copy.	4. Submit the Document Distribution Matrix and notify the process owner to identify the concerned departments to be given a controlled copy.	None	1 day	Kristel Abbie P. Laroza Quality Management Services
5. Sign the Document Distribution and Retrieval Form and complete the Document Dissemination Form.	5. Disseminate the controlled copy to the concerned departments.	None	1 hour	Anna Rose B. Frani-Dagdag, Kristel Abbie P. Laroza and Jahnin L. Aggalot Quality Management Services
	TOTAL	None	15 days, 1 hour and 8 minutes	



21. STATEMENT OF FACTS REPORT

This consist of the incident reports, complaints and non-compliance with regards to processes and services in the hospital. Concerns submitted will be investigated if valid. Corrective and preventive actions are taken to ensure that the problem will not happen again in the future. Monitoring of the preventive actions taken will be conducted by the Quality Management Services.

OFFICE OR DIVISION	Ospital ng Imus – Quality Management Services			
CLASSIFICATION	Highly Technical			
TYPE OF TRANSACTION	G2G- Government to Government; G2C- Government to Citizen			
WHO MAY AVAIL THE SERVICE All				
	F REQUIREMENTS		WHERE TO SEC	_
Statement of Facts Report		Ospital ng Imus – Qual	ity Management Serv	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Identify the nonconformity and report it to the Quality Management Services	1.1 Receive the Statement of Facts Report.	None	3 minutes	Anna Rose B. Frani-Dagdag and Kristel Abbie P. Laroza Quality Management Services
	1.2 Investigate and determine if the issue or concern is valid.	None	*2 days	Anna Rose B. Frani-Dagdag Quality Management Services
2. Receive the nonconformity and respond to the issues and concerns appropriately.	2. Issue the nonconformity to the concerned department.	None	5 minutes	Anna Rose B. Frani-Dagdag Quality Management Services
3. Submit the Statement of Facts Report form to Quality Management Services Department.	3.1 Receive the filled out Statement of Facts Report Form.	None	2 minutes	Anna Rose B. Frani-Dagdag Quality Management Services
	3.2 Check if the corrective and preventive actions are valid.	None	10 minutes	
	3.3 Submit a copy of the Statement of Facts Report to the Office of the Chief of Hospital, Chief of Administrative Office and Human Resources Department.	None	10 minutes	
4. Implement the necessary corrective and preventive actions to be taken to prevent the recurrence of the incident.	4. For services, verify if corrective and preventive actions are implemented after one (1) week, three (3) weeks and six (6) weeks from the date of implementation	None	6 months	Anna Rose B. Frani-Dagdag Quality Management Services

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For processes, verification is after one (month, three (3) months and six (months.			
TOTA	None	6 months, 2 days and 30 minutes	

NOTE: Statement of Facts Report – Qualified for Multi-Stage Processing



FEEDBACK AND COMPLAINTS MECHANISM				
How to send feedback?	Accomplish our Feedback Form and drop it in the suggestion			
	box provided.			
How feedbacks are processed?	Everyday, personnel in the Office of the City Administrator			
	collects all the Client Satisfaction Rating Form in the Suggestion			
	Boxes located in various areas of the city hall. The feedback will			
	be encoded in the Client Satisfaction Database being handled			
	by the Office of the City Administrator. A memorandum will be			
	sent to a department in case of bad feedback to caught their			
	attention.			
How to file a complaint?	Clients may directly file their complaint in the Office of the City			
	Administrator and fill-out the Complaint Form.			
	Complaints received in different action centers are addressed in			
	accordance to the guidelines.			
	You may also email the following:			
	cityofimus.complaints@gmail.com			
	complaints@arta.gov.ph			
How complaints are processed?	Personnel from the Office of the City Administrator are always			
	available in addressing different complaints. A memorandum			
	will be sent to a department in case of bad feedback to caught			
	their attention.			
Contact Information	Official Website: www.cityofimus.gov.ph			
	E-mail:			
	cityofimus.complaints@gmail.com			
	(Admin Office) 0992-861-8984 (ARTA var a Contact) 0005-070-4040-2040-0000-0000-0000-0000-0000-			
	 (ARTAwag Center) 0965-672-4943 and 0916-266-3138 for Globe and TM users and 0969-257-7242 and 0969-516-7765 for Smart. 			
	TNT, and Sun.			
	(Citizen's Compliant Center) 8888			
	(Chiletine Compliant Conton) Cooc			



OFFICE CONTACT INFORMATION				
OFFICE ADDRESS E-MAIL				
City Treasurer's Office	GF Imus City New Government Center, Malagasang I-	ctoimus@gmail.com		
	G, City of Imus, Cavite			
Business Permits and Licensing Office	GF Imus City New Government Center, Malagasang I-	imusbplo@gmail.com		
	G, City of Imus, Cavite			
City Civil Registrar's Office	GF Imus City New Government Center, Malagasang I-	ccro.imus@gmail.com		
	G, City of Imus, Cavite			
Office of the Senior Citizens Affairs	GF Imus City New Government Center, Malagasang I-	oscaofficeimus@gmail.com		
	G, City of Imus, Cavite			
Persons with Disability Affairs Office	GF Imus City New Government Center, Malagasang I-	cityofimuspdao@gmail.com		
	G, City of Imus, Cavite			
City Social Welfare and Development Office	GF Imus City New Government Center, Malagasang I-	cswdo.imus@gmail.com		
	G, City of Imus, Cavite			
Local Economic and Development Investment	GF Imus City New Government Center, Malagasang I-	imuscity.ledipo@gmail.com		
Promotions Office	G, City of Imus, Cavite			
Office of the City Assessor	GF Imus City New Government Center, Malagasang I-	imus.assessor2020@gmail.com		
	G, City of Imus, Cavite			
City Information Office	2F Imus City New Government Center, Malagasang I-	imuscityinformationoffice@gmail.com		
	G, City of Imus, Cavite			
City Tourism and Development Office	2F Imus City New Government Center, Malagasang I-	imuscitytourismoffice@gmail.com		
	G, City of Imus, Cavite			
City Disaster Risk Reduction Management	2F Imus City New Government Center, Malagasang I-			
	G, City of Imus, Cavite;			
	Anabu Aksyon Agad Center, Anabu I-B; Bucandala			
	Operation Center, NIA Road, Bucandala 3;			
	Malagasang Aksyon Agad Center, Greengate	imuscdrrmo@gmail.com		
	Subdivision, Malagasang II-A; Espeleta Aksyon Agad			
	Center, Mariano Espeleta II;Plaridel Logistic Hub,			
	Bayan Luma 7			
City of Imus Cooperative, Livelihood and Entrepreneurial,	2F Imus City New Government Center, Malagasang I-	imuscoopoffice@yahoo.com		
and Enterprise Development Office	G, City of Imus, Cavite			



City Veterinary Services Office	2F Imus City New Government Center, Malagasang I-	imuscityvet@gmail.com
	G, City of Imus, Cavite	
City of Imus Traffic Management Office	2F Imus City New Government Center, Malagasang I-	cityofimustrafficmo@gmail.com
	G, City of Imus, Cavite	
Population Development Office	2F Imus City New Government Center, Malagasang I-	popdevimus01@gmail.com
	G, City of Imus, Cavite	
Tricycle Regulatory Unit	2F Imus City New Government Center, Malagasang I-	truofficeimus@gmail.com
	G, City of Imus, Cavite	
City Agricultural Services Office	2F Imus City New Government Center, Malagasang I-	imus.agriculture@gmail.com
	G, City of Imus, Cavite	
City Parks and Historical Sites Administration Unit	2F Imus City New Government Center, Malagasang I-	imushrfocal.parks@gmail.com
	G, City of Imus, Cavite	
City of Imus Sports Development Unit	2F Imus City New Government Center, Malagasang I-	csdu2016@gmail.com
	G, City of Imus, Cavite	
Public Employment Services Office	2F Imus City New Government Center, Malagasang I-	cityofimusemployment@gmail.com
	G, City of Imus, Cavite	
Office of the Building Official	2F Imus City New Government Center, Malagasang I-	imusbuildingoffice@gmail.com
	G, City of Imus, Cavite	
City Planning and Development Office	2F Imus City New Government Center, Malagasang I-	cpdoimus@gmail.com
	G, City of Imus, Cavite	
Office of the Congressman – Aksyon Center	3F Imus City New Government Center, Malagasang I-	konsi.adrian.advincula@gmail.com
	G, City of Imus, Cavite	
City Budget Office	3F Imus City New Government Center, Malagasang I-	ncamia@gmail.com
	G, City of Imus, Cavite	
City Environment and Natural Resources Office	3F Imus City New Government Center, Malagasang I-	imuscavcenro@gmail.com
	G, City of Imus, Cavite	
Youth Affairs Office	3F Imus City New Government Center, Malagasang I-	imuscityyouthaffairsr4a@gmail.com
	G, City of Imus, Cavite	
Human Resource Management Unit	3F Imus City New Government Center, Malagasang I-	imus.hrmo2022@gmail.com
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Civil Security Unit	3F Imus City New Government Center, Malagasang I-	imuscsu2022@gmail.com
	G, City of Imus, Cavite	-



Office of the City Administrator	3F Imus City New Government Center, Malagasang I-	imus.admnoffice@gmail.com
	G, City of Imus, Cavite	
Office of the City Mayor	3F Imus City New Government Center, Malagasang I-	officeofthecitymayor.imus@gmail.com
	G, City of Imus, Cavite	
City Accounting Office	3F Imus City New Government Center, Malagasang I-	acctgimuscity@gmail.com
	G, City of Imus, Cavite	
City Legal Office	3F Imus City New Government Center, Malagasang I-	syjucoimus2022@gmail.com
	G, City of Imus, Cavite	
City Engineering Office	4F Imus City New Government Center, Malagasang I-	imusengineeringofc@gmail.com
	G, City of Imus, Cavite	
City Architectural Design and Planning Office	4F Imus City New Government Center, Malagasang I-	imus.danielseno@gmail.com
	G, City of Imus, Cavite	
General Services Office	4F Imus City New Government Center, Malagasang I-	imus.gso2022@gmail.com
	G, City of Imus, Cavite	
City Information Technology and Records Management	4F Imus City New Government Center, Malagasang I-	ictimus.vmmendoza@gmail.com
Unit	G, City of Imus, Cavite	-
Gender and Development Unit	4F Imus City New Government Center, Malagasang I-	kenneth.caaya0826@gmail.com
	G, City of Imus, Cavite	
Office of the City Vice Mayor	5F Imus City New Government Center, Malagasang I-	vmoffice.imus@gmail.com
	G, City of Imus, Cavite	
Sangguniang Panlungsod Office	5F Imus City New Government Center, Malagasang I-	imushrfocal.sp@gmail.com
	G, City of Imus, Cavite	
Imus City Public Library	LG Imus City New Government Center, Malagasang I-	cityofimuslibrary@gmail.com
	G, City of Imus, Cavite	
City Health Office	City Health Building, Tahimik St., Poblacion IV-B, City	chomainofficial@gmail.com
	of Imus, Cavite	
Economic Enterprise Management Office	Imus Public Market, Tanzang Luma I, City of Imus,	eemo.imuspublicmarket@gmail.com
	Cavite	
City of Imus Polytechnic Institute	Emilio Aguinaldo Highway, Anabu I-B, City of Imus,	
	Cavite	imuspolytechnic@gmail.com
Imus Vocational and Technical School	Cavite Civic Center, Palico IV, City of Imus, Cavite	ivtsimuscity@gmail.com
Satellite Office	2F The District Imus, Anabu II0E, City of Imus, Cavite;	satelliteofc.imus@gmail.com
	3F Robinson's Place Imus, City of Imus, Cavite	-



City Extension Office	Bahayang Pag-Asa, City of Imus, Cavite	imuscityextensionoffice@gmail.com
City of Imus Molecular Laboratory	Pedro Reyes St., Malagasang I-A. City of Imus, Cavite	cimlinformation2@gmail.com
Ospital Ng Imus	Pedro Reyes St., Malagasang I-A. City of Imus, Cavite	oniqualitymanagement@gmail.com

