



Republic of the Philippines
Unified Student Financial Assistance System for Tertiary Education

Ground Floor, Bldg. E, UP Ayala Land Technohub Complex, Commonwealth Ave. Diliman Quezon City
Email: unifastsecretariat@ched.gov.ph



MEMORANDUM FROM THE OFFICE OF THE EXECUTIVE DIRECTOR

**TO : CHED REGIONAL DIRECTORS AND OFFICERS-IN-CHARGE
UNIFAST REGIONAL COORDINATORS
CHED ADMINISTRATIVE, FINANCIAL & MANAGEMENT SERVICE
(AFMS)
ALL STATE UNIVERSITIES AND COLLEGES (SUCs) AND
ALL LOCAL UNIVERSITIES AND COLLEGES (LUCs) COVERED
BY R.A. NO. 10931**

THRU : ATTY. CINDERELLA FILIPINA S. BENITEZ-JARO
Executive Director, Commission on Higher Education

FROM : ATTY. RYAN L. ESTEVEZ
OIC, Office of the Executive Director IV, UniFAST Secretariat

SUBJECT : TERTIARY EDUCATION SUBSIDY (TES) BILLING FORMS

DATE : March 15, 2021

Further to the Secretariat's Memorandum dated March 5, 2021 on the disbursement of Tertiary Education Subsidy (TES) for SUCs and LUCs covered by Republic Act No. 10931 in the First Semester of Academic Year 2020-2021, the CHED Regional Offices are advised of the following:

1. The Secretariat shall provide the CHED Regional Offices the approved number of qualified TES grantees per region, together with the corresponding regional Masterlist of Beneficiaries;
2. The CHED Regional Offices shall provide the Masterlist of Beneficiaries to the Higher Education Institutions (HEIs) as basis for billing;
3. The HEIs shall submit to the Secretariat the following billing requirements for payment of TES benefits:
 - Notarized Certification of TES Grantees
 - Billing Form 1
 - Billing Form 2
(supporting documents CORs in pdf form)
4. To process payments, the CHED Regional Offices shall prepare the following Disbursement Requirements:
 - DV and ORS (supported by Billing forms and documents submitted by HEIs):
 1. Notarized Certification of TES Grantees
 2. Billing Form 1
 3. Billing Form 2
 4. Copy of the Masterlist provided by the UniFAST Secretariat to CHEDROs
 - Certification of Bank Account (if payment is through Bank)

For your guidance. Thank you.



INSERT HEI LETTERHEAD

Republic of the Philippines
(Name of the HEI)
(Address of the HEI)

Date: _____

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that the total number of ongoing TES grantees by campus as shown below, are qualified to avail of the Tertiary Education Subsidy (TES) program under R.A. No. 10931 also known as Universal Access to Quality Tertiary Education (UAQTE) for the (1st or 2nd semester) of Academic Year _____

Name of Campus	Number of TES Grantees
Campus A	
Campus B	
<i>(Insert more rows for additional Campus)</i>	
Total	

This further certifies that the students' information indicated in the Consolidated TES Billing Details - Form 2 is accurate and complete.

This certification is being issued in accordance with the CHED, UniFAST and DBM Joint memorandum Circular (JMC) No.4 Series of 2020, on the Enhanced Guidelines on the Tertiary Education Subsidy (TES) Program.

Certified by:

Signature over Printed Name of the School Registrar

Approved by:

Signature over Printed Name of the President of the HEIs



(must be notarized)

Republic of the Philippines
 (Name of Higher Education Institution)
 (Address of Higher Education Institution)

CONSOLIDATED TES BILLING STATEMENT

TES Billing Statement Reference No.: **XX - YYYYYYY - 2020 - X - X**

Date: _____

To **CHED - Regional Office _____**
 Address **Address of CHED Regional Office**

Responsibility Center	Account Code	Amount
CHED - Regional Office _____ Request for payment of the Tertiary Education Subsidy (TES) grant for (1st and/or 2nd semester), Academic Year _____ to be charged against the funds for Universal Access to Quality Tertiary Education (UAQTE) under General Appropriation Act (GAA) for Fiscal Year _____, as per attached supporting documents		PhP
Total number of TES student-grantees in the Higher Education Institution (HEI): _____ TES-1 for all the TES student-grantees enrolled in the HEI TES-2 for all the TES student-grantees enrolled in the HEI TES-3a for all TES student-grantees with disability enrolled in the HEI Total Amount Add: 1 percent (1%) Administrative Support Cost (ASC) for partner HEI TOTAL: TES Billing Amount	PhP PhP PhP PhP PhP PhP	
Basis for the Tertiary Education Subsidy: Section 23, Rule IV, IRR of R.A. No. 10931	Action to be taken (To be approved by CHEDRO)	
	PhP	Excess (deficient) billing noted for further action
	PhP	Approved for payment

Certified
 Supporting documents complete and amount claimed proper.
 Is this the last batch of billing for this term of AY 2020-2021?
 Yes No

Approved

Signature	Signature
Printed Name	Printed Name
Position Head, Accounting/Authorized Representative	Position President/Authorized Representative
Date	Date

INSTRUCTIONS:
 1. The HEIs are allowed a maximum of two (2) tranches of payments per semester.
 2. The TES statement reference number shall comprise of the REGIONAL CODE (2-digit), HEI CODE (alpha codes), ACADEMIC YEAR (4-digit), TERM (1-digit), and BATCH NUMBER (1 digit). The Description and codes are provided below:

Region	Code	Region	Code	Region	Code
Region 1	01	Region 6	06	Region 12	12
Region 2	02	Region 7	07	NCR	NCR
Region 3	03	Region 8	08	CARAGA	CARAGA
Region 4A	04	Region 9	09	ARMM	ARMM
Region 4B	MIMAROPA	Region 10	10	CAR	CAR
Region 5	05	Region 11	11		

"HEI Code" shall be the Acronym used by the HEI for their institution.
 e.g. Jose Rizal University - JRU
 "Academic Year" will use the year when the AY began (e.g. 2020 for AY 2020-2021).

"Term" refers to the academic year semester or terms:

Term	Code	Term	Code
1st semester	1	3rd semester	3
2nd semester	2	Summer	3

"Batch" refers to the number of times the HEI bills the CHED within a semester.
 Note that the HEIs may bill the CHED no more than two (2) batches per semester.

Examples of a billing statement no.
 The first batch of TES statement submitted by JRU in 1st sem AY 2020-2021:
 The second batch of TES statement submitted by Jose Rizal University in the First Semester for AY 2020 - 2021 NCR-JRU-2020-1-1

3. Submit a printed copy of completed TES Statement Form (Form 1) together with other required documents and a cover letter address to:

Name of Regional Director
 Position
 Region

copy furnished UniFAST Secretariat for monitoring purposes

Republic of the Philippines
 (Name of Higher Education Institution)
 (Address of Higher Education Institution)

CONSOLIDATED TES BILLING DETAILS

Billing Form 2

TES Billing Details Reference Number: _____
 Date: _____

INSTRUCTIONS

1. Provide in this form the billing details on a per campus basis.
2. Provide the details regarding the actual students who were awarded TES, the corresponding total number of academic units enrolled (credit and non-credit courses) and total cost of tuition and other school fees, accumulated by (first or second semester) AY (____).
3. Submit proof of the Certificate of Registration (COR) of Official Enrollment in the 1st and/or 2nd semester of Academic Year (____) arranged exactly as it appears in the Billing Details.
4. Include all enrolled students in this form in alphabetical order (1) by campuses, if applicable; (2) by colleges, if applicable; (3) by program, if applicable; and (4) by student name (Last name, First name MI).
5. Assign a 3-digit control number for each enrolled student. The 3-digit number should be assigned chronologically to the students that have been listed alphabetically according to instruction no. 4.
6. Submit a signed certification of the accuracy and completeness of the students' CORs covered by Form 2 as a cover document for all the provided ECDCs of the CORs.

7. Send electronic copies of the following billing forms to CHEDRO as supporting documents:
 - 7.1 Form 1 TES - Consolidated TES Billing Statement
 - 7.2 Form 2 TES Consolidated TES Billing Details
 8. Submit the hard copies of the following billing forms to CHEDRO as supporting documents:
 - 8.1 Form 1 TES - Consolidated TES Billing Statement
 - 8.2 Form 2 TES Consolidated TES Billing Details
- Note: For internal audit purposes, the said documents will be checked for validation purposes upon submission of liquidation report.

Address: **CHED - Regional Office**
UNFAST Secretariat

Copy furnished: _____
 Billing Details Summary: _____
 TES will have to be listed and tabulated PER CAMPUS. The Total Amount of the TES for all campuses should tally with the total amount of TES in the Billing Statement.
 Note: Please insert additional line as needed.

5-digit Control Number	Student Number	TES Award Number	Last Name	Given Name	Middle Initial	Sex at Birth (M/F)	Birthdate (mm/dd/yyyy)	Degree Program	Year Level	Academic Units Enrolled (credit and non-credit courses)	ZIP Code	Contact Information			Actual Tuition and Other School Fees for 1st or 2nd semester AY (____)	Billed Amount	Suspend	Prison with Disability	TOTAL AMOUNT		
												E-mail address	Phone Number	TES-1						TES-2	TES-3A
															7,000.00	7,000.00	23,000.00	15,000.00	45,000.00		
															13,000.00	10,000.00	20,000.00		30,000.00		
Page Total																					
TOTAL TERTIARY EDUCATION SUBSIDY																					
Add 1 percent (1%) Administrative Support for Partner Institutions																					
TOTAL TES BILLING PER CAMPUS																					
TOTAL TES BILLING ALL CAMPUS																					

Prepared by: _____ As to correctness of enrollment data Certified by: _____
 Approved by: _____ As to correctness of financial data Certified by: _____

HEI TES Focal Person/Scholarship Coordinator
 (Print Name and Signature)

HEI Registrar
 (Print Name and Signature)

HEI Chief Accountant
 (Print Name and Signature)

HEI President
 (Print Name and Signature)