## (Enclosure No. 3B to DepEd Order No. 80, s. 2011)

BFP Form 1							) )	<u> </u>	BREAKFAST FEEDING PROGRAM	AST FEE	DING PR	₹OGRAN											
Region							FOR	THE N	FOR THE MONTH OF	 				_, 2010									
Division													School:						•				
District		I											Grade:		Section	ň			1				
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Prepared by:		1						-							-				Noted by:	7.			
		T		<u> </u>	A blisheldianal deading			-															
Feeding Teacher / School Nurse	ol Nurse		For 8-19 y.o	y.o		For below 6 y.o	w 6 y.o		B. Deworming	ming		D. Actua	D. Actual Feeding						School F	School Principal / Head	Head		ł
		¥ ¥	SW - Severely wasted W - Wasted	/ wasted	SU - Severely un	ærely und erweight	SU - Severely underweight U - Underweight	2 <b>x</b>	(x)- not dewormed (√)- dewormed	d rmed	(√)-Pre	(√)- Present, served (A)- Absent, not served	Z d										
		Z	N - Normal		N - Normal	മ					(¼) - Pre	$(\sqrt{N})$ - Present, served twice	d twice										
		9	Ow - Overwieght	*	Ow - Overwieght	rwieght																	
		မှ	Ob - Obese					F															

### BFP Form 2

Feeding Coordinator/Property Custodian

### BREAKFAST FEEDING PROGRAM DAILY STOCK INVENTORY REPORT

					ISSUA	NCES		
Date	Items Received	Quantity	Received by	Items Issued	Quantity	Date	Received by	Balance or hand
			<u> </u>					
			<b>.</b>					
							-	

School Head

كأمد

## CONSOLIDATED NUTRITONAL STATUS AND ATTENDANCE REPORT FOR THE MONTH OF \_\_\_\_\_\_ 2010

Classroom Adviser / School Nurse	Prepared by:	N · Normal  Ow · Overweight  Ob · Obese	sted	19 y.o	Legend		19	18	17	16	15	14	13	12	11	10	9	œ	7	O	5	4	٧ د	3 3		GRADES AND SECTIONS	
		weight	U - Underweight	OW 6 Y.O	<u> </u>																				Ц,	Dewormed	Dunile
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School Head						L																	+		40		TUS
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																										ATTENDANCE	DEBCENTAGE

## CONSOLIDATED NUTRITONAL STATUS AND ATTENDANCE REPORT FOR THE MONTH OF \_\_\_\_\_\_\_\_ 2010

District Nurse	Prepared by:	Ow - Overweight Ob - Obese	W - Wasted N - Normal	For 8-19 y.o	Legend:		19	18	17	16	15	14	13	12	 10	9	œ	7	O	ហ	4	3	2	_		SCHOOLS	
		Ow - Overweight	U - Underweight N - Normal	For below 6 y.o																					Dewoilled	Dewormed	No of Punils
			Keikir																						SW/SU W/U		
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	<del>Z</del>																								z	MIDDLE	NUTRITIONAL STATUS
	Noted by:																								Ow C	В	TATUS
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District Supervisor						$\vdash$																			al SW/SU		
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## CONSOLIDATED NUTRITONAL STATUS AND ATTENDANCE REPORT FOR THE MONTH OF \_\_\_\_\_\_\_ 2010

DISTRICTS	No. of Pupils Dewormed	SW/SU	W/U	BEFORE	ORE	S.	Total	SW/SU	5	<del>┤┤</del> ┡┩┃╡	Z ME O	MIDDLE N Ow	MIDDLE N Ow Ob	DDLE Ob C	Ob Total	Ob Total SW/SU W/U N	Ob Total SW/SU W/U	Ob Total SW/SU W/U N
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TOTAL																		AVERAGE:
Legend:																		
For 6-19 y.o	For below 6 y.o	Habiah																
W Wasted N - Normal Ow - Overweight Ob - Obese	U - Underweight N - Normal Ow - Overweight	ă O																

Nurse-In-Charge

Schools Division Superintendent

## 

VUSIONIS         No of Pupilis         BEFORE         MIDDLE         AFTER           Commanded         SW/ISU   W/U   N   Ow   Ob   Total   SW/ISU   W/U   N   Ob   Total   SW/ISU   N   Ob   Total   SW/ISU   N   Ob   Total   SW/ISU   N   Ob   Total   SW/ISU   N   Ob	No of Pupis   Serore   NUTRITIONAL STATUS   NUTRI								ector	Regional Director	Rea										Nuttritionist-Dietitian
Devormed   SW/SU   W/U   N   Ow   Ob   Total   SW/SU   W/U   N	Dewormed   Dewormed   SW/SU W/U N   Ow   Ob   Total   SW/SU										by:	Noted									epared by:
Dewormed   SW//SU   W//U   N   Ow   Ob   Total   SW//SU   W//U   N	No of Pupils   Dewormed   Dewormed   No of Pupils																				Ob - Obese
Dewormed	No of Pupils   BEFORE   NUTRITIONAL STATUS   AFTER   MIDDLE   NUTRITIONAL STATUS   No. 00   Total   SW/SU   W/U   N   Ow   Ob   Total																			Ow - Overweight	Ow - Overweight
Dewormed   SW/SU   W/U   N   Ox   Ob   Total   SW/SU   W/U   N   Ox   Ob   Ob   Total   SW/SU   W/U   N   Ox   Ob   Ob   Ob   Ob   Ob   Ob   Ob	No of Pupils   BEFORE   NUTRITIONAL STATUS   AFTER   MIDDLE   NUTRITIONAL STATUS   N   Ow   Ob   Total   SW/SU   W/U   N   Ow   Ob   Tot																			N - Normal	N - Normal
No of Pupils	No of Palpils   Dewormed   SW/SU   W/U   N   Ob   Total   SW																		Ċ	u - Underweight	W - Wasted
Dewormed   SVU/SU   VV/U   N   Ow   Ob   Total   SVU/SU   VV/U   N	No of Pupils   BEFORE   NUTRITIONAL STATUS   NO FIER   NO OF DUBIN   N																	1	ight	SU - Severely Underwe	SW - Severely Wasted
Dewormed   SW/SU   W/U   N   Ow   Ob   Total   SW/SU   W/U   N   Ow   Ob   Total   SW/SU   W/U   N   Ow   Ob   Total   Ow   Ob   Ob   Ob   Ob   Ob   Ob   Ob	No. of Pupits																			For below 6 v o	Ec. 610 v o
Dewormed   SEFORE   SW/SU   W/U   N   Ow   Ob   Total   SW/SU	DIVISIONS   No of Pupils   DeFORE   NUTRITIONAL STATUS   NUTRITIONAL S		- NO.	24.0																	rend.
Dewormed   SWISU   W/U   N   Ow   Ob   Total   SWISU   W/U   N	DIVISIONS   No. of Pupils   Dewormed   SW/SU   W/U   N   Ow   Ob   Total   SW/SU   W/U   N   Ow   Ob		DAGE:											l	-	-	}	-			
No of Pupils	No. of Pupils   Dewormed   No. of Pupils   Dewormed   No. of Pupils   Dewormed   No. of Pupils   No. of Pupi																				
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No of Pupils	Divisions   No. of Pupils     Dewormed   SW/SU   W/U   N   Ow   Ob   Total   Ow   Ob   Ow   Ob   Total   Ow   Ob   Ob   Total   Ow   Ob   Ob   Total   Ow   Ob   Ob   Ob   Ob   Ob   Ob   Ob																				
Dewormed   SW/SU   W/U   N   Ow   Ob   Total   SW/SU   W/U   N   Ow   Ob   Total   SW/SU   W/U   N   Ow   Ob   Total   Ow   Ob   Ob   Total   Ow   Ob   Ob   Total   Ow   Ob   Ob   Ob   Ob   Ob   Ob   Ob	Divisions   No. of Pupils   Dewormed   SWI/SU   WI/U   N   Ow   Ob   Total   SWI/SU   WI/U   N   Ow   Ob																				
No of Pupils   BEFORE   MIDDLE   AFTER   AFT	No of Pupils   Dewormed   Savi/SU   W/IU   N   Ow   Ob   Total   Swi/SU   W/IU   N   Ow   Ob   Total   Swi																				
No of Pupils	No. of Pupils																				
No. of Pupils   BEFORE   W/IU   N   Ow   Ob   Total   SW/SU   W/IU   N   Ow   Ob	No. of Pupils																				
No. of Pupils	No. of Pupils   Dewormed   SW/SU   W/U   N   Ow   Ob   Total   SW/SU   W/U   N   Ob   Total   SW/SU																				
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No. of Pupils  Dewormed SWI/SU W/U N Ow Ob Total SWI/SU W/U N OW Ob Tot	DIVISIONS    No. of Pupils   BEFORE   MIDDLE   M																				
No. of Pupils  Dewormed  SWI/SU W/U N Ow Ob Total SWI/SU W/U N OW Ob To	No. of Pupils																				
No. of Pupils    BEFORE   WIDDLE   AFTER	No. of Pupils																				
No. of Pupils  BEFORE  Dewormed  SW/SU W/U N Ow Ob Total SW/SU W/U N Ow Ob Total SW/SU W/U N Ow Ob Total	No. of Pupils																				
No. of Pupils   BEFORE   MIDDLE   AFTER	No of Pupils         BEFORE         NUTRITIONAL STATUS           Dewormed         SW/SU         W/U         N         Ow         Ob         Total																				
No. of Pupils  BEFORE  MIDDLE  AFTER	No. of Pupils  BEFORE  MIDDLE  AFTER		Total	မွ	QV	z	╗	SW/SL	Total	မွ	Ş	1	W/∪	_1	Total	ㅓ	_			_	
No of Dunile	NO of Bringle	ATTENDANC			TER	¥.					PDLE	3					3EFORE			Dewormed	DIVISIONS
		DEBCENTA								Š	AL STATE	TRITION	NC.							No of Dunile	

### RFQ/MARKET FORM

Ingredients	Quantity for Servings (b) (Based from the	Quantity for 1 Serving (c) (col b) / (# of	Number of Beneficiaries (d)	Quantity for Procurement (e)	Quoted Unit Cost	Quoted Total Cost (g)
	Recipe Book)	servings for col b)		(col c) x (col d)		(col e) x (col f)
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Prepared by:	
	APPROVED BY:

En

NAME OF SCHOOL NAME OF DISTRICT NAME OF DIVISION FOR THE PERIOD

### SAMPLE ONLY

## CASH DISBURSEMENT REGISTER

TYPE OF WORKING FUND: BREAKFAST FEEDING PROGRAM

	DATE	1				
-	REFERENCE (OR/ RER)	2				
	PAYEE / PARTICULARS	3				TOTAL
C	AMOUNT RECEIVED	4				0
CASH ADVANCE	PAYMENTS	5				0
	BALANCE	6=4-5				0
BREAK	FOOD SUPPLIES EXPENSE (758)	7				0
BREAKDOWN OF PAYMENTS	OFFICE SUPPLIES EXPENSE (755)	8				
ENTS	OTHER MOOE (969)	9				

Certified Correct:

Certified: Supporting Documents Complete

Noted:

PRINCIPAL/DISBURSING OFFICER

**DIVISION ACCOUNTANT** 

SCHOOLS DIVISION SUPERINTENDENT

### No. LIQUIDATION REPORT Date: Responsibility Center Department of Education Code: Agency **AMOUNT PARTICULARS** Total Amount Spent Amount of Cash Advance per Check No. Dtd. Amount refunded under OR No. Dtd. Amount to be Reimbursed B. Certified: Purpose of travel/cash advance C. Certified: Supporting documents complete & A. Certified: Correctness of the above data duly accomplished proper **Chief Accountant** Claimant Immediate Supervisor

# Department of Education NATIONAL PROGRAM SUPPORT FOR BASIC EDUCATION

Statement of Expenditures Division Summary Sheet

Category: BREAKFAST FEEDING PROGRAM Period Covered:

Region:
Division:
SOE No:

OF EXPENSES		UTILIZED	Date	Check No.	GRANTED		
DESCRIPTION	BAI ANCE	AMOUNT	RENCE	REFERENCE	TNUOMA	NAME OF SCHOOL	JJAVG

Prepared by:

Certified Correct:

**Division Accountant** 

**Schools Division Superintendent** 

## DEPARTMENT OF EDUCATION CY \_\_\_\_\_\_ PROJECT PROCUREMENT MANAGEMENT PLAN

PROJECT ACTIVITIES  DATE DATE OF FUND Blidding Shopping Direct Contracting (Small Value)	PROJECT ACTIVITIES DATE OF FUND	5				2000		TO LIMA I TO DO	DGET and MODE OF F	ROCUREMEN	
		. 8	PROJECT	ACTIVITIES	1	OF FUND	Competitive Bidding	Shopping	Direct Contracting	Negotiated Proc (Small Value)	Negotiated Proc (A to A)
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