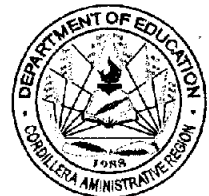




Republic of the Philippines
 Department of Education
CORDILLERA ADMINISTRATIVE REGION
 Wangal, La Trinidad, Benguet



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REGIONAL MEMORANDUM

TO : SCHOOLS DIVISION SUPERINTENDENTS
 DIVISION ENGINEERS
 DIVISION PROJECT ENGINEERS/ARCHITECTS

FROM : *[Signature]*
ELLEN B. DONATO, Ed.D., CESO III
 Regional Director

SUBJECTS : **SUBMISSION OF CY 2015 4th QUARTER REGIONAL MONITORING and EVALUATION SYSTEM (RPMES) REPORT**

DATE : January 4, 2015

The Cordillera Regional Project Monitoring Committee (RPMC-CAR) is in the process of preparing the 2016 Monitoring Plan which is a list of priority agency programs/projects to be monitored/inspected during the year.

In this regard, please submit the CY 2015 Fourth Quarter RPMES Report covering the DepED Implemented projects PMC Form I-2.

1. BEFF 2014 Repair and Rehabilitation of Classrooms
2. BEFF 2015 Repair and Rehabilitation of Classrooms
3. CY 2014 Bottom-Up Budgeting (BUB) Projects
4. Supply and Delivery of School Furnitures

The duly signed reports/updates should be sent to this Office on or before January 13, 2015 for consolidation (please send the soft copies of the report in advance by e-mail at depedcarregional09@gmail.com, depedcaressd@gmail.com and rpmescar@gmail.com).

For strict compliance.

ESSD/AGB/CSW

Telephone Numbers:			
Office of the Director IV	-422-1318	Budget and Finance Division	-422-5155
Fax Machine	-422-4074	Elementary Education Division	-422-7096
Office of the Director III	-309-3013	Alternative Learning System	-422-5187
Administrative Division	-422-1804	Secondary Education Division	-309-3014
		Cash Section	-309-3017
		Physical Facilities Unit/ICT	-309-3011
		Regional Planning Unit	-309-1234
		Supply Unit	-422-2198
		Record Section	-309-3015
		Payroll Services Unit	-424-3993
		Special Services Division	-424-5167
		Commission on Audit	-422-7434

PMC FORM 1-2
 PHYSICAL AND FINANCIAL ACCOMPLISHMENT REPORT
 FOR CAPITAL INVESTMENT PROGRAMS/PROJECTS

As of _____
 IMPLEMENTORS : _____
 REGION : _____
 PROVINCE: _____

a) Name of Project b) Date Started c) Target Completion Date	Location (City/Municipality)	FINANCIAL STATUS (%)		PHYSICAL STATUS				EMPLOYMENT GENERATED To Date (Man-Days)	REMARKS		
		a) Program Issued CY	b) AA Issued To Date	Unpaid Obligations To Date	Disbursement To Date	Output Indicator	Target to Date			Actual This Month	Actual To Date
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

Prepared by: _____
 Designation : _____
 Date: _____

Noted: _____
 Agency Head