



Form SP029 v.01

**Checklist of Requirements for  
 SUPPLEMENTAL BUDGETS (SPL)  
 (to be accomplished in 5 sets )**

Office : \_\_\_\_\_

**Original Copies of the Following:**

- Appropriation Ordinance
- SP Resolution (AIP Inclusion)
- CDC Resolution
- AIP Form (Addendum No, \_\_\_\_
- Statement of Funding Sources (LBP Form No. 8)
- Statement of Supplement Appropriation  
(LBP Form No 9)
- Transmittal from the LCE
- Summary Worksheet No. 1
- Total Annual Personal Services (PS) Budget
- LBA Form No. 1B  
Checklist of Documentary and Signature Requirement
- LBR Form No. 2a – Summary of Worksheet 1
- Certificate of
- Others

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature over Printed Name)

Designation: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Remarks:

\_\_\_\_\_  
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