

Justification on the Disbursement Rate of the 70% Component of the Local Disaster Risk Reduction and Management Fund (LDRRMF) - Fiscal Year 2023

City/Municipality of : _____ Region : _____
 Province of : _____

Instructions: Fill out the form accordingly and attach supporting documents.

This is to request action on the % disbursement of 70% LDRRMF for FY2023, as certified by the BLGF.

Request for Change of Disbursement Rate of the 70% LDRRMF, FY2023

Proposed Adjustment		Reason/ Justification
FROM (in %, currently reflected as BLGF data)	TO (in %, if reason/ justification is considered)	

Certified correct:

Noted by:

 Provincial/City/Municipal Treasurer

 Governor/City/Municipal Mayor

 Provincial/City/Municipal Accountant

 Provincial/City/Municipal Budget Officer

Date: _____

Date: _____