

LIST OF DUE AND DEMANDABLE ACCOUNTS PAYABLE - ADVICE TO DEBIT ACCOUNTS (LDDAP-ADA)

Department : **Department of Agriculture**
 Entity Name :
 Operating Unit : **Regional Field Office 10**

LDDAP-ADA No. 01 1 01 101-01-070-2017
 Date : 1/27/2017
 Fund Cluster : 01

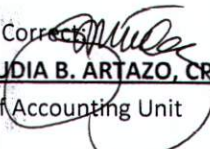
MDS-GSB BRANCH/MDS SUB ACCOUNT NO.: **LBP Velez, CDOC 2241-9000-21**
 NCA NO. : **BMB-E-17-0000425** Jan-17

I. LIST OF DUE AND DEMANDABLE ACCOUNTS PAYABLE (LDDAP)

CREDITOR		Obligation Request and Status No.	ALL OT ME NT	In Pesos			REMARKS
				GROSS AMOUNT	WITHHOLDING TAX	NET AMOUNT	
I. Current Year A/Ps							FOR MDS-GSB USE ONLY
Sub-total				-	-	-	
II. Prior Year's A/Ps							
Progressive Womens Multi Purpose Coop LBP- Tubod, I 0802-1075-79		2- 01 1 01 101-2016-06-1876	2	14,175.00	708.75	13,466.25	-
Pearlmount Hotel LBP- Capistra 0151-1758-30		2- 01 1 01 101-2016-12-5711	2	10,780.00	673.75	10,106.25	-
Binahon Agroforestry Farm LBP- Malayba 0961-1615-84		2- 01 1 01 101-2016-12-5331	2	212,432.00	10,621.60	201,810.40	-
Sub-total				237,387.00	12,004.10	225,382.90	
TOTAL				237,387.00	12,004.10	225,382.90	

I hereby warrant that the above List of Due and Demandable A/Ps was prepared in accordance with existing budgeting, accounting and auditing rules and regulations.

I hereby assume full responsibility for the veracity and accuracy of the listed claims, and the authenticity of the supporting documents as submitted by the claimants.

Certified Correct

CLAUDIA B. ARTAZO, CRA
 Head of Accounting Unit

Approved: 

 Head of Agency or Authorized Official

II. ADVICE TO DEBIT ACCOUNT (ADA)


To: MDS-GSB of the Agency **LBP Velez, CDOC** NCA NO. : **BMB-E-17-0000425** Jan-17

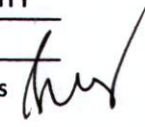
Please debit MDS Sub-Account Number : **2241-9000-21**

Please credit the accounts of the above listed creditors to cover payment of accounts payable

TOTAL AMOUNT : TWO HUNDRED TWENTY FIVE THOUSAND THREE HUNDRED EIGHTY 225,382.90

TWO PESOS & 90/100 ONLY

1. 
ELITA D. CORUÑA
 Head of Cash/ Treasury Unit

Agency Authorized Signatories 
 2. _____
 Head of Agency or Authorized Official

(Erasures shall invalidate this document)

