

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

Department : **Department of Agriculture**

LDDAP-ADA No. **01 1 01 101-07-523-2016**

Entity Name :

Date : **7/5/2016**

Operating Unit : **Regional Field Office 10**

Fund Cluster : **01**

MDS-GSB BRANCH/MDS SUB ACCOUNT NO.: **LBP Velez, CDOC**

**2241-9000-21**

NCA NO. :

**BMB-E-16-0009805**

**July-16**

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

CREDITOR		Obligation Request and Status No.	ALLO TMEN T CLASS	In Pesos			REMARKS
NA ME	PREFERRED SERVICING BANKS/SAVINGS/CURRENT ACCOUNT NO.			GROSS AMOUNT	WITHHOLDING TAX	NET AMOUNT	
I. Current Year A/Ps							FOR MDS-GSB USE ONLY
	DA JO	2- 01 1 02 101-2016-03-055	2	19,836.60	396.73	19,439.87	
	DA JO	2- 01 1 01 101-2016-03-0810	2	65,152.12	1,303.03	63,849.09	
	DA JO	2- 01 1 01 101-2016-03-0509	2	45,302.54	906.05	44,396.49	
	DA JO	2- 01 1 01 101-2016-03-0696	2	41,852.20	837.03	41,015.17	
	Sub-total			<b>172,143.46</b>	<b>3,442.84</b>	<b>168,700.62</b>	
II. Prior Year's A/Ps							
	Sub-total						
<b>TOTAL</b>				<b>172,143.46</b>	<b>3,442.84</b>	<b>168,700.62</b>	

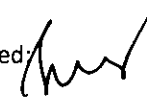
I hereby warrant that the above List of Due and Demandable A/Ps was prepared in accordance with existing budgeting, accounting and auditing rules and regulations.

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, CPA**  
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-16-0009805      July-16

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 : ONE HUNDRED SIXTY EIGHT THOUSAND SEVEN HUNDRED**

168,700.62

PESOS & 62/100 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)*

