

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

Department : **Department of Agriculture**

LDDAP-ADA No.

**01 1 01 101-12-1156-2016**

Entity Name :

Date :

**12/23/2016**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-16-0012717****Dec-16**

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

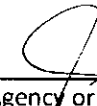
CREDITOR		Obligation Request and Status No.	AL LO TM EN	In Pesos			REMARKS
NA ME	PREFERRED SERVICING BANKS/SAVINGS/CURRENT ACCOUNT NO.			GROSS AMOUNT	WITHHOLDING TAX	NET AMOUNT	
I. Current Year A/Ps							
DA 10- Employees	Various Accounts see attached list of employees	2- 01 1 01 101-2016-12-5515	2	96,000.00	7,742.40	88,257.60	FOR MDS-GSB USE ONLY
DA 10- Employees	FinDES	2- 01 1 01 101-2016-12-5514	2	109,091.10		-	
Sub-total				205,091.10	7,742.40	197,348.70	
II. Prior Year's A/Ps							
Sub-total				-	-	-	
<b>TOTAL</b>				<b>205,091.10</b>	<b>7,742.40</b>	<b>197,348.70</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 by   
**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-16-0012717      Dec-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 NINETY SEVEN THOUSAND THREE HUNDRED****197,348.70****FORTY EIGHT PESOS & 70/100 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)*