Appendix 62

INSPECTION AND ACCEPTANCE REPORT

Entity Name : DENR MIMAROPA Region **Fund Cluster :** ___________

Suppliers : PHARMA QUEST CO PO No./Date : Requisitioning Office/Dept. : DENR MIMAROPA REGION Responsibility Center Code : ______________________	IAR No. : 2022-07-172 Date : 6-29-22 Delivery Receipt No.: Sales Invoice No.: 5292

Stock/ Property No.	*Description*	*Unit*	*Quantity*
	QUADRIVALENT INFLUENZA VACCINE		204

PAID
LDDAP/Check No. ______
Date: ______
Amount: ______

INSPECTION	*ACCEPTANCE*
Date Inspected : 6/29/22	**Date Received :** 06-29-22
☑ Inspected, verified and found in order as to quantity and specifications	☑ Complete ☐ Partial (pls. specify quantity)
MICHELLE TUYAN Inspection Officer/Inspection Committee	**RAPHAEL DE GUZMAN** Supply and Property Officer

FILE

ANNEX A

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

DEPARTMENT Department of Environment and Natural Resources
10
AGENCY REGION IVB- MIMAROPA
001 0300017
MDS-GSB /MDS ACCOUNT LBP-Cash Department / 2340-9000-41
FUND CODE 101
NCA NUMBER NCA-BMB-E-22-0006849

14 JUL 2022

101101-7-388-2022

	CREDITOR				(In Pesos)			
	NAME	PREFERRED SERVICING BANK/	O.B.R #	ALLOT.CLASS	GROSS	W/HOLDING	NET	REMARKS
1	Pharma Quest Co	LBP 1671-0939-48	2022-06-0489	50203070	159,120.00	9,945.00	147,583.80	
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	nothing follows	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
					159,120.00	9,945.00	147,583.80	

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.

Certified Correct:

NAZAR NORMAN S. CORTUNA
Chief, Accounting Section

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

Approved:

DONNA MAYOR-GORDOVE, *CESO IV*
Assistant Regional Director
for Management Services
MIMAROPA REGION

To: LBP CASH DEPARTMENT PLAZA
Please debit MDS Sub Account Number : 2340-9000-41
Please credit the accounts of the above listed creditors to cover payment of Accounts Payable

TOTAL AMOUNT: ONE HUNDRED FORTY SEVEN THOUSAND FIVE HUNDRED EIGHTY THREE AND 80/100 PESOS ONLY. Php 147,583.80

1. MARIA TERESA N. SORIANO
Cashier

2. DONNA MAYOR-GORDOVE, *CESO IV*
Assistant Regional Director
for Management Services
MIMAROPA REGION

(ERASURES SHALL INVALIDATE THIS DOCUMENT)

FOR MDS-GSB USE ONLY:

LDDAP-ADA NO 101101-7-388-2022
July 14, 2022

OBLIGATION REQUEST AND STATUS

Department of Environment and Natural Resources

1515 L&S Building Roxas Boulevard Ermita, Manila

No.: 2022-06-0489

Date: June 20 / 22

Fund: 101

7-388

Payee	PHARMA QUEST CO.
Office	
Address	#46 A. Kalantiaw St. Brgy. Masagana Project 4, Quezon City

Responsibility Center	Particulars	MFO/PAP/KRA	UACS Code/Expenditure	Amount
CHARGE TO :	For the payment of P.O. No. R4-2022-06-055-AD in the amount of... (initial of sector) Total:	~~100000200~~ 100000100020000	50203070-00	P 159,120.00

A. Certified: Charges to appropriation/allotment necessary, lawful and under my direct supervision; and supporting documents valid, proper and legal

Signature: Rosario C. Gulmatico
Printed Name: ROSARIO C. GULMATICO
Position: Chief Administrative Division
Date:

B. Certified: Allotment available and obligated for the purpose/adjustment necessary as indicated above

Signature: por: [signature]
Printed Name: LORETA G. MANIANO
Position: Head, Budget Unit/Authorized Rep.
Date:

W/9

JUN 2022
1639

C. STATUS OF OBLIGATION

Reference			Amount				
Date	Particulars	ORS/JEV/RCI/RADAI No.	Obligation	Payable	Payment	Balance: Not yet due	Balance: Due & Demandable

Department of Environment and Natural Resources

DISBURSEMENT VOUCHER

1601

Fund Cluster:
Date: 2022-06-020
DV No: 2022-06-778

Mode of Payment	MDS Check ☐ Commercial Check ADA Others (Please specify)
Payee	PHARMA QUEST CO.
Address	#46 A. Kalantiaw St. Brgy. Masagana Project 4, Quezon City

PARTICULARS	Responsibility Center	MFO/PAP	Amount
For the payment of P.O. No. R4-2022-06-055-AD in the amount of...			159,120.00

A. Certified: Expenses, Cash Advance necessary, lawful and incurred under my direct supervision.

Rosario C. Gulmatico
ROSARIO C. GULMATICO
Chief Administrative Division

5%. 7,103.57
2%. ~~1,420.71~~ 2,841.43

PAID
LDDAP/Check No. 7-388
Date: 7-14-2022
Amount: 147,583.80

B. Accounting Entry

Account Title	UACS Code	Debit	Credit
	10404060	159,120	
	20201010	9,945	~~8,524.28~~
	20401040		1,591.20
	10104040		147,583.80 ~~149,604.52~~

C. Certified:
Cash available
Subject to Authority to Debit Account (when applicable)
Supporting documents complete and amount claimed proper

D. Approved for Payment

SIGNATURE	[signature]	SIGNATURE	[signature]
Printed Name	NAZAR NORMAN S. CORTUNA	Printed Name	DONNA MAYOR-GORDOVE, CESO IV
Position	Chief, Accounting Section / Head, Accounting Unit/Authorized Representative	Position	Asst. Regional Director-Management Services / Agency Head/Authorized Representative
Date	7 Jul/12	Date	

E. Receipt of Payment

Check/ADA No.:		Date:	Bank Name & Account Number:	JEV No.
Signature:		Date:	Printed Name:	Date:
Official Receipt No. & Date/Other Documents				

w/2307