Appendix 13

REPORT OF ADVICE TO DEBIT ACCOUNT ISSUED

Period Covered: _____

Entity Name : _____
Fund Cluster : _____
Bank Name/Account No. : _____

Report No.: _____
Sheet No.: _____

ADA		DV/Payroll No.	ORS/BURS No.	Responsibility Center Code	Payee	UACS Object Code	Nature of Payment	Amount
Date	Serial No.							

CERTIFICATION

I hereby certify on my official oath that the above is a true statement of all ADAs issued by me during the period stated above for which ADA Nos. _____ to _____ inclusive, were actually issued by me in the amounts shown thereon.

_____
_____

Controlled Copy

_____ Official Designation

_____ Date

Reference No.	PNU-NL-2026-FMU-FM-010
DC No.	CC04082026-067-X