

PROVINCIAL GOVERNMENT OF CAMARINES NORTE
STATUS OF UNLIQUIDATED CASH ADVANCES
CAPALONGA MEDICARE COMMUNITY HOSPITAL
AS OF MARCH 31, 2023

No.	Account Used	Name of accountable Officer	Purpose	Date Granted	Unliquidated Amount	Due date for liquidation	Age of Cash Advance	Status of AO/Employee	Availability of Documents		Action Taken by		Status of Request for off and/or Narrative (NR)	Amount written off/Subject of NR	Remarks
									with (V)	without (V)	Agency	Auditor			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
		xx													
	1-03-05-010	SUB TOTAL			-										
		xx													
	1-03-05-020	SUB TOTAL			-										
		xx													
	1-03-05-030	SUB TOTAL			-										
		xx													
	1-03-05-040	SUB TOTAL			-										
		GRAND TOTAL			-										

Note: * Indicate if the AO/employee is still connected with the Agency, retired, resigned, dead or can no longer be traced, etc.
** For Agency Official, indicate if the agency requested for write off
For Auditor, indicate if a Narrative Report was prepared
Column Nos. 1-9 to be filled up by the responsible Agency Official/Accountant
Columns No. 10-16 to be filled up by the concerned ATL

Certified Correct

(SGD.) IMELDA M. FLORES
Provincial Accountant

WILLIAM E. ADOLFO
State Auditor III
Audit Team Leader