

PROVINCIAL GOVERNMENT OF CAMARINES NORTE
STATUS OF UNLIQUIDATED CASH ADVANCES
LABO DISTRICT 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 (12)	Auditor (13)			
(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			-										
1	1-03-05-040	ZABALA, EMMANUEL	TEV - CA - May 22-25,2018 Manila/Laguna	APRIL 2018	4,380.00		MORE THAN 1 YEAR	DECEASED							
	1-03-05-040	SUB TOTAL			P 4,380.00										
		GRAND TOTAL			P 4,380.00										

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