## Provincial Government of Camarines Norte

# STATUS OF UNLIQUIDATED CASH ADVANCES

# Trust Fund Proper- Advances to Officers and Employees

As of December 31, 2021

|     |              | Name of accountable Officer Purpose Date Granted Due date for Amount liquidation Age of Cash Advance Employee | Taken by |              | A                             |     |                     |                 |          |             |                     |         |   |                                     |         |
|-----|--------------|---|----------|--------------|-------------------------------|-----|---------------------|-----------------|----------|-------------|---------------------|---------|---|-------------------------------------|---------|
| No. | Account Used |   | Purpose  | Date Granted | *                             |     | Age of Cash Advance | Employee        | with (V) | without (V) | Agency<br>Officials | Auditor | off and/or<br>Narrative<br>Report<br>(NR) | Amount written<br>off/Subject of NR | Remarks |
| (1) | (2)          | (3)   | (4)      | (5)          | (6)                           | (7) | (8)                 | (9)             | (10)     | (11)        | (12)                | (13)    | (14)                                      | (15)                                | (16)    |
| 1   | 1 03 05 040  | Ma. Rosa C. Fernandez   | TEV      | 2006         | 15,220.00<br><b>15,220.00</b> |     | More than 15 years  | Still Connected |          |             |                     |         |   |                                     |         |

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

(SGD.) WILLIAM E. ADOLFO

Provincial Accountant

State Auditor III Audit Team Leader - Team R5-01

# PROVINCIAL GOVERNMENT OF CAMARINES NORTE STATUS OF UNLIQUIDATED CASH ADVANCES GENERAL FUND - PROPER AS OF DECEMBER 31, 2021

|              |                              |  |              |                     |                          |                        |                                       |          | lability of<br>cuments | Action '            | Taken by | Status of Request<br>for Write         | Amount                          |             |
|--------------|------------------------------|--|--------------|---------------------|--------------------------|------------------------|---------------------------------------|----------|------------------------|---------------------|----------|--|---------------------------------|-------------|
| Account Used | Name of accountable Officer  | Purpose  | Date Granted | Unliquidated Amount | Due date for liquidation | Age of Cash<br>Advance | Status of AO/Employee                 | with (V) | without (V)            | Agency<br>Officials | Auditor  | off and/or Narrative<br>Report<br>(NR) | written<br>off/Subject<br>of NR | Remarks     |
| (2)          | (3)                          | (4)  | (5)          | (6)                 | (7)                      | (8)                    | (9)                                   | (10)     | (11)                   | (12)                | (13)     | (14)                                   | (15)                            | (16)        |
| ,            | ,,,,                         | FOR THE MONTH OF<br>DECEMBER 2018                                      |              |                     |                          | (-)                    | , , , , , , , , , , , , , , , , , , , |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | ARMEA, ARNOLD                | TEV - July 5-9, 2018 -   | JULY 2018    | 4,080.00            |                          | MORE THAN 1<br>YEAR    | RESIGNED                              |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | CORESES, LORNA               | Cash Advance for Travel  | DEC 2017     | 9,380.00            |                          | MORE THAN 1<br>YEAR    | RETIRED                               |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | DASCO, EDGAR                 | TEV - October 12-18, 2015<br>- Cagayan De Oro                          | OCT 2018     | 6,080.00            |                          | MORE THAN 1<br>YEAR    | END OF TERM AS<br>BOARD MEMBER        |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | DE CASTRO, ERIC              | TEV - November 24-<br>December 2, 2018 -<br>Zamboanga Del Norte        | NOV 2018     | 2,880.00            |                          | MORE THAN 1<br>YEAR    | RESIGNED                              |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | ENCINAS, YOLANDA             | Cash Advance for Travel  | DEC 2017     | 14,800.00           |                          | MORE THAN 1<br>YEAR    | DECEASED                              |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | ESTACION, MA. VICTORIA<br>A. | TEV - September 17-19.<br>2018 - Legazpi City                          | SEPT 2018    | 8,440.00            |                          | MORE THAN 1<br>YEAR    | RETIRED                               |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | HERNANDEZ, ARNEL E.          | Cash Advance for Travel  | DEC 2018     | 3,992.00            |                          | MORE THAN 1<br>YEAR    | RETIRED                               |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | MOLINA, ANGELO<br>TIMOTEO    | Cash Advance for Travel TEV/REG. FEE -                                 |              | 24,571.00           |                          | MORE THAN 1<br>YEAR    | ENDED TERM AS BOARD<br>MEMBER         |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | NUÑEZ, LOVELY JANE O.        | December 4-9, 2018 -<br>Tagaytay                                       | DEC 2018     | 8,155.00            |                          | MORE THAN 1<br>YEAR    | Connected to PGCN<br>(PAcctO)         |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | TANDANG, NAPOLEON            | TEV - November 27-<br>December 1, 2018 -<br>Batangas                   | NOV 2018     | 5,680.00            |                          | MORE THAN 1<br>YEAR    | END OF CONTRACT                       |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | CENETA, JUAN JOVITO          | TEV- JUNE 3-4 & JUNE 8-<br>9, 2019- MANILA                             | MAY 2019     | 6,600.00            |                          | MORE THAN 1<br>YEAR    | Connected to PGCN                     |          |                        |                     |          |  |                                 |             |
|              |                              | SUB TOTAL  |              | 94,658.00           |                          |                        |                                       |          |                        |                     |          |  |                                 | <b> </b>    |
|              |                              |  |              |                     |                          |                        |                                       |          |                        |                     | -        |  |                                 | <del></del> |
|              |                              | FOR THE MONTH OF<br>FEB 2020   |              |                     |                          |                        |                                       |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | ALAON, FRANCIA R.            | TEV & REG. FEE -<br>MARCH 17-21, 2020<br>LEGAZPI CITY                  | FEB 2020     | 7,500.00            |                          | MORE THAN 1<br>YEAR    | Connected to PGCN                     |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | NUÑEZ, LOVELY JANE O.        | TEV & REG. FEE -<br>MARCH 17-21, 2020<br>LEGAZPI CITY                  | FEB 2020     | 10,706.00           |                          | MORE THAN 1<br>YEAR    | Connected to PGCN                     |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | MACEDA, ANGELO P.            | TEV & REG. FEE -<br>MARCH 17-21, 2020<br>LEGAZPI CITY                  | FEB 2020     | 9,206.00            |                          | MORE THAN 1<br>YEAR    | Connected to PGCN                     |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | DELA CRUZ, MARIO T.          | TEV & REG. FEE- FEB. 25-<br>29, 2020 BAATI<br>CONFERENCE, NAGA<br>CITY | FEB 2020     | 12,250.00           |                          | MORE THAN 1<br>YEAR    | Connected to PGCN                     |          |                        |                     |          |  |                                 |             |
|              |                              | SUB TOTAL  |              | 39,662.00           |                          |                        |                                       |          |                        | <u> </u>            | <u> </u> |  |                                 |             |
|              |                              | DOD WITH MONTH OF  |              |                     |                          |                        |                                       |          |                        | ļ                   | ļ        |  |                                 | <b> </b>    |
|              |                              | FOR THE MONTH OF<br>MAR 2020   |              |                     |                          |                        |                                       |          |                        |                     |          |  |                                 | l           |
| 1-03-05-040  | ASIS, MARILYN P.             | TEV & REG. FEE - MAR.<br>10-14, 2020 QUEZON<br>CITY                    | MAR 2020     | 5,460.00            |                          | MORE THAN 1<br>YEAR    | Connected to PGCN                     |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | AUGUSTO, NERISSA A.          | TEV & REG. FEE -<br>MARCH 22-29, 2020<br>ILOILO CITY                   | MAR 2020     | 6,200.00            |                          | MORE THAN 1<br>YEAR    | Connected to PGCN                     |          |                        |                     |          |  |                                 |             |
| 1-03-05-040  | NAPAO, MARIFE I.             | TEV MAR 18-20, 2020<br>PAGSO   | MAR 2020     | 5,050.00            |                          | MORE THAN 1<br>YEAR    | Connected to PGCN                     |          |                        |                     |          |  |                                 | <u>-</u>    |

# PROVINCIAL GOVERNMENT OF CAMARINES NORTE STATUS OF UNLIQUIDATED CASH ADVANCES GENERAL FUND - PROPER AS OF DECEMBER 31, 2021

| Account Used | Name of accountable Officer | Purpose  |              | Unliquidated Amount | Due date for        | Age of Cash           | Status of AO/Employee |             | lability of<br>cuments | Action 7  | Taken by                       | Status of Request<br>for Write | Amount<br>written |      |
|--------------|-----------------------------|--|--------------|---------------------|---------------------|-----------------------|-----------------------|-------------|------------------------|-----------|--------------------------------|--------------------------------|-------------------|------|
|              |                             |  | Date Granted |                     | liquidation Advance | Status of AO/Employee | with (V)              | without (V) | Agency                 | Auditor   | off and/or Narrative<br>Report | off/Subject                    | Remarks           |      |
|              |                             |  |              |                     |                     |                       |                       |             |                        | Officials |                                | (NR)                           | of NR             |      |
| (2)          | (3)                         | (4)  | (5)          | (6)                 | (7)                 | (8)                   | (9)                   | (10)        | (11)                   | (12)      | (13)                           | (14)                           | (15)              | (16) |
| 1-03-05-040  | TUAZON, EVANGELINE C.       | TEV & REG. FEE -<br>MARCH 22-29, 2020<br>ILOILO CITY | MAR 2020     | 7,700.00            |                     | MORE THAN 1<br>YEAR   | Connected to PGCN     |             |                        |           |                                |                                |                   |      |
|              |                             | SUB TOTAL  |              | 24,410.00           |                     |                       |                       |             |                        |           |                                |                                |                   |      |
|              |                             |  |              |                     |                     |                       |                       |             |                        |           |                                |                                |                   |      |
| 1-03-05-040  | SUB TOTAL                   |  |              | P 158,730.00        |                     |                       |                       |             |                        |           |                                |                                |                   |      |

# PROVINCIAL GOVERNMENT OF CAMARINES NORTE STATUS OF UNLIQUIDATED CASH ADVANCES

## GENERAL FUND - PROPER AS OF DECEMBER 31, 2021

|                |                             |                             |                 |                     | Due date for | Age of Cash         | Status of AO/Employee |          | ability of<br>uments | Action 7            | Γaken by | Status of Request<br>for Write         | Amount<br>written    |         |
|----------------|-----------------------------|-----------------------------|-----------------|---------------------|--------------|---------------------|-----------------------|----------|----------------------|---------------------|----------|--|----------------------|---------|
| Account Used   | Name of accountable Officer | Purpose                     | Date Granted    | Unliquidated Amount | liquidation  | Advance             | Status of AO/Employee | with (V) | without (V)          | Agency<br>Officials | Auditor  | off and/or Narrative<br>Report<br>(NR) | off/Subject<br>of NR | Remarks |
| (2)            | (3)                         | (4)                         | (5)             | (6)                 | (7)          | (8)                 | (9)                   | (10)     | (11)                 | (12)                | (13)     | (14)                                   | (15)                 | (16)    |
|                |                             |                             |                 |                     |              |                     |                       |          |                      |                     |          |  |                      |         |
| 1-03-05-020    | VELASCO, JESUSA             | CA - WAGES FOR<br>PAYROLL   |                 | 8,072.01            |              | MORE THAN 1<br>YEAR | Connected to PGCN     |          |                      |                     |          |  |                      |         |
|                |                             |                             |                 |                     |              |                     |                       |          |                      |                     |          |  |                      |         |
| 1-03-05-020    | SUB TOTAL                   |                             |                 | P 8,072.01          |              |                     |                       |          |                      |                     |          |  |                      |         |
|                |                             |                             |                 |                     |              |                     |                       |          |                      |                     |          |  |                      |         |
| 1-03-05-010    | CALIMLIM, JOCELYN           | FA - PGHSEAP                | SEPT & OCT 2015 | 6,000.00            |              | MORE THAN 1<br>YEAR | Connected to PGCN     |          |                      |                     |          |  |                      |         |
| 1-03-05-010    | CORESES, LORNA              | PALARONG BIKOL              | OCT 2014        | 49,500.00           |              | MORE THAN 1<br>YEAR | RETIRED               |          |                      |                     |          |  |                      |         |
| 1-03-05-010    | VELASCO, JESUSA             | VARIOUS WAGES -<br>PAYROLLS | DEC 2014        | 41,522.03           |              | MORE THAN 1<br>YEAR | Connected to PGCN     |          |                      |                     |          |  |                      |         |
| 10205010       | GVID MOM LY                 |                             |                 | D 05000             |              |                     |                       |          |                      |                     |          |  |                      |         |
| 1-03-05-010    | SUB TOTAL                   |                             |                 | P 97,022.03         |              |                     |                       |          |                      |                     |          |  |                      |         |
| SA- LDRRM FUND |                             |                             |                 |                     |              |                     |                       |          |                      |                     |          |  |                      |         |
| LDRRMF         |                             |                             |                 |                     |              |                     |                       |          |                      |                     |          |  |                      |         |
| XX             |                             |                             |                 |                     |              |                     |                       |          |                      |                     |          |  |                      |         |
| QRF            |                             |                             |                 |                     |              |                     |                       |          |                      |                     |          |  |                      |         |
| XX             |                             |                             |                 |                     |              |                     |                       |          |                      |                     |          |  |                      |         |
| 1-03-05-010    | SUB TOTAL                   |                             |                 | -                   |              |                     |                       |          |                      |                     |          |  |                      |         |
|                |                             |                             |                 |                     |              |                     |                       |          |                      |                     |          |  |                      |         |
|                | GRAND TOTAL                 |                             |                 | P 263,824.04        |              |                     |                       |          |                      |                     |          |  |                      |         |

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

IMELDA M. FLORES
Provincial Accountant

WILLIAM E. ADOLFO

State Auditor III Audit Team Leader

#### PROVINCIAL GOVERNMENT OF CAMARINES NORTE STATUS OF UNLIQUIDATED CASH ADVANCES CAMARINES NORTE PROVINCIAL HOSPITAL AS OF DECEMBER 31, 2021

|    |                 | Name of accountable          |  |               | Unliquidated | Due date           | Age of Cash                                      | Status of AO/Employee   |          | ability of<br>iments |                     | n Taken<br>y | Status of Request<br>for Write | Amount               |             |
|----|-----------------|------------------------------|--|---------------|--------------|--------------------|--|-------------------------|----------|----------------------|---------------------|--------------|--------------------------------|----------------------|-------------|
| No | o. Account Used | Officer                      | Purpose  | Date Granted  | Amount       | for<br>liquidation | Advance  | Suitus of 1767 Employee | with (V) | without (V)          | Agency<br>Officials | Auditor      |                                | off/Subject<br>of NR | Remarks     |
| (1 | ) (2)           | (3)                          | (4)  | (5)           | (6)          | (7)                | (8)  | (9)                     | (10)     | (11)                 | (12)                | (13)         | (NR)<br>(14)                   | (15)                 | (16)        |
|    | 1-03-05-040     | DE LEON, GLORIA              | Reg. Fee May 14-20,<br>2018/Baguio                               | MAR 2018      | 500.00       | (-)                | MORE THAN 1<br>YEAR                              | RETIRED                 | (20)     | (22)                 | (22)                | (20)         | ()                             | (20)                 | (==)        |
|    | 1-03-05-040     | DE LEON, GLORIA              | Registration Fee For<br>March 14-16, 2018 Travel                 | MAR 2018      | 200.00       |                    | MORE THAN 1<br>YEAR                              | RETIRED                 |          |                      |                     |              |                                |                      |             |
|    | 1-03-05-040     | DE LEON, GLORIA              | Advances for Travel  |               | 2,880.00     |                    | MORE THAN 1<br>YEAR                              | RETIRED                 |          |                      |                     |              |                                |                      |             |
|    | 1-03-05-040     | LLANETA, ISRAEL T.           | Tev Reg. Nov. 19-26,<br>2018 Davao City                          | NOV 2018      | 4,137.00     |                    | MORE THAN 1<br>YEAR                              | Connected to PHO - MAIN |          |                      |                     |              |                                |                      |             |
|    | 1-03-05-040     | RETIG, DIOSDADO              | Nov 20-24, 17-53rd<br>Pamet National<br>Convention - Pasay City  | NOV 2017      | 5,900.00     |                    | MORE THAN 1<br>YEAR                              | Connected to PHO - MAIN |          |                      |                     |              |                                |                      |             |
|    | 1-03-05-040     | CHAVEZ, JUVY M.              | REG. FEE MARCH 26-<br>30, 2019- BAGUIO CITY                      | MAR 2019      | 4,800.00     |                    | MORE THAN 1<br>YEAR                              | Connected to PHO - MAIN |          |                      |                     |              |                                |                      |             |
|    | 1-03-05-040     | BALON, JOHN ALMAN            | Reg Fee- March 9-13,<br>2021 Wiltan Hotel                        | MAR 2021      | 8,500.00     |                    | MORE THAN 3<br>MONTHS BUT<br>LESS THAN 1<br>YEAR | Connected to PHO - MAIN |          |                      |                     |              |                                |                      |             |
| -  | 1-03-05-040     | SUB TOTAL                    |  |               | P 26,917.00  |                    |  |                         |          |                      |                     |              |                                |                      |             |
| -  | 1-03-03-040     | SUB TOTAL                    |  |               | F 20,917.00  |                    |  |                         | l        |                      |                     |              |                                |                      |             |
|    | 1-03-05-020     | MANAOG, ARLENE               | CA- VARIOUS<br>PAYROLLS  | DEC 2018      | 8,849.93     |                    | MORE THAN 1<br>YEAR                              | Connected to PGCN       |          |                      |                     |              |                                |                      |             |
|    | 1-03-05-020     | SUB TOTAL                    |  |               | P 8,849.93   |                    |  |                         |          |                      |                     |              |                                |                      |             |
|    | 1-03-05-010     | MANAOG, ARLENE               | CASH ADVANCE FOR<br>THE 1ST & 2ND QTR<br>BNS HON./<br>INCENTIVES | JULY 2019     | 1,000.00     |                    | MORE THAN 1<br>YEAR                              | Connected to PGCN       |          |                      |                     |              |                                |                      |             |
|    | 1-03-05-010     | MANAOG, ARLENE               | CA- FA FOR TB TREATMENT  | OCTOBER 2021  | 210,000.00   |                    | LESS THAN 3<br>MONTHS                            | Connected to PGCN       |          |                      |                     |              |                                |                      |             |
|    | 1-03-05-010     | MANAOG, ARLENE               | BNS HONORARIUM   | OCTOBER 2021  | 600.00       |                    | LESS THAN 3<br>MONTHS                            | Connected to PGCN       |          |                      |                     |              |                                |                      |             |
|    | 1-03-05-010     | MANAOG, ARLENE               | HON FOR 311 BNS (JULY-<br>DEC 2021)                              | DECEMBER 2021 | 800.00       |                    | LESS THAN 3<br>MONTHS                            | Connected to PGCN       |          |                      |                     |              |                                |                      |             |
| L  | 4 00 00 000     | CVID TOTAL                   |  |               | D 242.405.55 |                    |  |                         |          |                      |                     |              |                                |                      | <del></del> |
|    | 1-03-05-010     | SUB TOTAL                    |  |               | P 212,400.00 |                    |  |                         |          |                      |                     |              |                                |                      |             |
|    |                 | GRAND TOTAL                  |  |               | P 248,166.93 |                    |  |                         |          |                      |                     |              |                                |                      |             |
|    |                 | the AO/employee is still son |  |               |              |                    |  |                         |          |                      |                     |              |                                |                      |             |

Note: \* Indicate if the AO/employee is still connected with the Agency, retired, resigned, dead or can no longer be traced, etc.

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

(SGD.) WILLIAM E. ADOLFO
State Auditor III
Audit Team Leader

<sup>\*\*</sup> For Agency Official, indicate if the agency requested for write off For Auditor, indicate if a Narrative Report was prepared

### PROVINCIAL GOVERNMENT OF CAMARINES NORTE STATUS OF UNLIQUIDATED CASH ADVANCES LABO DISTRICT HOSPITAL AS OF DECEMBER 31, 2021

|     |              | Name of accountable |  |              | Unliquidated | Duo data fan                | A on of Cook           | Status of AO/Employee  |          | ability of<br>uments | Action Taken<br>by |         | Status of Request<br>for Write | Amount               |         |
|-----|--------------|---------------------|--|--------------|--------------|-----------------------------|------------------------|------------------------|----------|----------------------|--------------------|---------|--------------------------------|----------------------|---------|
| No  | Account Used | Officer             | Purpose  | Date Granted | Amount       | Due date for<br>liquidation | Age of Cash<br>Advance | Status of AO/ Employee | with (V) | without (V)          | Agency             | Auditor | off and/or<br>Narrative Report | off/Subject<br>of NR | Remarks |
|     |              |                     |  |              |              |                             |                        |                        |          |                      |                    |         | (NR)                           |                      |         |
| (1) | (2)          | (3)                 | (4)  | (5)          | (6)          | (7)                         | (8)                    | (9)                    | (10)     | (11)                 | (12)               | (13)    | (14)                           | (15)                 | (16)    |
|     |              |                     | TEN CA MAYOR                                   |              |              |                             |                        |                        |          |                      |                    |         |                                |                      |         |
|     | 1-03-05-040  | ZABALA, EMMANUEL    | TEV - CA - MAY 22-<br>25,2018<br>MANILA/LAGUNA | APR 2018     | 4,380.00     |                             | MORE THAN 1<br>YEAR    | DECEASED               |          |                      |                    |         |                                |                      |         |
|     |              |                     |  |              |              |                             |                        |                        |          |                      |                    |         |                                |                      |         |
|     | 1-03-05-040  | SUB TOTAL           |  |              | P 4,380.00   |                             |                        |                        |          |                      |                    |         |                                |                      |         |
| _   |              |                     |  |              |              |                             |                        |                        |          |                      |                    |         |                                |                      |         |
|     |              |                     |  |              |              |                             |                        |                        |          |                      |                    |         |                                |                      |         |
|     |              | XX                  |  |              |              |                             |                        |                        |          |                      |                    |         |                                |                      |         |
|     | 1-03-05-020  | SUB TOTAL           |  |              | -            |                             |                        |                        |          |                      |                    |         |                                |                      |         |
|     |              |                     |  |              |              |                             |                        |                        |          |                      |                    |         |                                |                      |         |
|     |              |                     |  |              |              |                             |                        |                        |          |                      |                    |         |                                |                      |         |
|     |              | XX                  |  |              |              |                             |                        |                        |          |                      |                    |         |                                |                      |         |
|     | 1-03-05-010  | SUB TOTAL           |  |              | -            |                             |                        |                        |          |                      |                    |         |                                |                      |         |
|     |              |                     |  |              |              |                             |                        |                        |          |                      |                    |         |                                |                      |         |
|     |              | 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 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

(SGD.) WILLIAM E. ADOLFO State Auditor III Audit Team Leader

<sup>\*\*</sup> For Agency Official, indicate if the agency requested for write off

#### PROVINCIAL GOVERNMENT OF CAMARINES NORTE STATUS OF UNLIQUIDATED CASH ADVANCES CAPALONGA MEDICARE COMMUNITY HOSPITAL AS OF DECEMBER 31, 2021

|     |              | N ( (11                        |         |              |  | D 14.6                 | . (6.1                | Status of AO/Employee |             | ibility of<br>iments | Action Taken<br>by |                                | Status of Request<br>for Write | Amount<br>written |      |
|-----|--------------|--------------------------------|---------|--------------|--|------------------------|-----------------------|-----------------------|-------------|----------------------|--------------------|--------------------------------|--------------------------------|-------------------|------|
| No. | Account Used | Name of accountable<br>Officer | Purpose | Date Granted | Unliquidated Due date for Amount liquidation | Age of Cash<br>Advance | Status of AO/Employee | with (V)              | without (V) | Agency               | Auditor            | off and/or<br>Narrative Report | off/Subject                    | Remarks           |      |
|     |              |                                |         |              |  |                        |                       |                       |             |                      | Officials          |                                | (NR)                           | of NR             | i    |
| (1) | (2)          | (3)                            | (4)     | (5)          | (6)  | (7)                    | (8)                   | (9)                   | (10)        | (11)                 | (12)               | (13)                           | (14)                           | (15)              | (16) |
|     |              |                                |         |              |  |                        |                       |                       |             |                      |                    |                                |                                |                   |      |
|     |              | XX                             |         |              |  |                        |                       |                       |             |                      |                    |                                |                                |                   | i    |
|     | 1-03-05-040  | SUB TOTAL                      |         |              | -  |                        |                       |                       |             |                      |                    |                                |                                |                   |      |
|     |              |                                |         |              |  |                        |                       |                       |             |                      |                    |                                |                                |                   |      |
|     |              |                                |         |              |  |                        |                       |                       |             |                      |                    |                                |                                |                   | i I  |
|     |              | XX                             |         |              |  |                        |                       |                       |             |                      |                    |                                |                                |                   | 1    |
|     | 1-03-05-020  | SUB TOTAL                      |         |              | -  |                        |                       |                       |             |                      |                    |                                |                                |                   |      |
|     |              |                                |         |              |  |                        |                       |                       |             |                      |                    |                                |                                |                   |      |
|     |              |                                |         |              |  |                        |                       |                       |             |                      |                    |                                |                                |                   | ł    |
|     |              | XX                             |         |              |  |                        | •                     |                       |             |                      |                    |                                |                                |                   |      |
|     | 1-03-05-010  | 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 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

(SGD.) WILLIAM E. ADOLFO State Auditor III Audit Team Leader

 $<sup>\</sup>ensuremath{^{**}}$  For Agency Official, indicate if the agency requested for write off