

PROVINCIAL GOVERNMENT OF CAMARINES NORTE  
STATUS OF UNLIQUIDATED CASH ADVANCES  
**CAPALONGA MEDICARE COMMUNITY HOSPITAL**  
AS OF JUNE 30, 2022

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 Write off and/or Narrative Report (NR)	Amount written off/Subject of NR
									with (V)	without (V)	Agency Officials	Auditor	(NR)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		xx												
	1-03-05-040	<b>SUB TOTAL</b>			-									
		xx												
	1-03-05-020	<b>SUB TOTAL</b>			-									
		xx												
	1-03-05-010	<b>SUB TOTAL</b>			-									
		xx												
	1-03-05-030	<b>SUB TOTAL</b>			-									
		<b>GRAND TOTAL</b>			-									

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

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

