OFFICE OF TRANSPORTATION COOPERATIVES
Status of Unliquidated Cash Advances
As of SEPTEMBER 30, 2023

No.	Account Used	Name of Accountable Officer (AO)/Employees	Purpose	Date Granted	Amount Granted	Liquidated	Unliquidated Amount	Due Date for Liquidation	Age of Cash Advance	Status of A/O/Employee	Availability of documents		Action Taken by		Remarks
											with (√)	without (√)	Agency Officials	Auditor	
(1)	(2)	(3)	(4)	(5)			(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(16)
LDDAP No. 02	1010102000	LANIE S. MANANSALA	Establishment of Petty cash Fund (Regular)	10-Jan-23	40,000.00		40,000.00	N/A	more than 90 days	Active					
LDDAP No. 126	1030502000	LA-ARNIE NECESARIO	Cash Advance for Local Travel	14-Sep-23	8,800.00		8,800.00	13-Oct-23	Less than 30 days	Active					
JEV No. 2023-09-0472	1010102000	LANIE S. MANANSALA	Establishment of Petty cash Fund (PUVMP)	28-Sep-23	40,000.00		40,000.00	N/A	Less than 30 days	Active					
JEV No. 2023-09-0473	1030502000	JONATHAN HUBERTO A. PLANES	Cash Advance for Local Travel	29-Sep-23	10,000.00		10,000.00	03-Nov-23	Less than 30 days	Active					
JEV No. 2023-09-0473	1030502000	MARU JANE TENGSON	Cash Advance for Local Travel	29-Sep-23	17,500.00		17,500.00	03-Nov-23	Less than 30 days	Active					
JEV No. 2023-09-0473	1030502000	JHON JOSEPH AVILA	Cash Advance for Local Travel	29-Sep-23	10,050.00		10,050.00	03-Nov-23	Less than 30 days	Active					
JEV No. 2023-09-0473	1990103000	CELINO G. GERONIMO	Advances for SDO to defray the necessary expenses for the conduct of PUVMP orientation on social support program (Group 1)	29-Sep-23	61,500.00		61,500.00	03-Nov-23	Less than 30 days	Active					
JEV No. 2023-09-0473	1990103000	DARWIN TAN	Advances for SDO to defray the necessary expenses for the conduct of PUVMP orientation on social support program (Group 2)	29-Sep-23	33,150.00		33,150.00	03-Nov-23	Less than 30 days	Active					
					221,000.00	-	**221,000.00**								

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 responsible Agency Official/Accountant
Column Nos. 10-16 to be filled up by the concerned Audit Team Leader

Certified correct by:

NITA M. LOPEZ-COSARES
Accountant III

COMMISSION ON AUDIT
RECEIVED BY
DATE 10.3.23
TIME 2:18 pm

Noted by:

WILFREDO M. CLAVE, JR.
Chief, Admin and Finance Division

Verified by:

MARILOU P. ALQUERO
State Auditor IV / Audit Team Leader

Noted by:

ANNIELY P. IBAÑEZ
State Auditor V / Supervising Auditor, DOTr 2