

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
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		
NONE										

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

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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

Verified by:

MARILOU P. ALQUERO
State Auditor IV / Audit Team Leader

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