## SANTIAGO WATER DISTRICT

## Status of Unliquidated Cash Advances

As of December 31, 2018

No.	Account Used	Name of Accountable Officer (AO)/Employee	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	Amount	Remarks
									with (√)	without (√)	Agency Officials	Auditor	and/or Subje	Subject of NR	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
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Note	: :	*Indicate if the AO/em	oloyee is still	connected	with the Agency	, retired, resign	ed, dead or	can no longer be	traces, e	to.	<u> </u>		<u></u>	<u> </u>	L
		**For Agency Official, indicate if the Agency requested for writeoff													
	For Auditor, indicate if Narrative Report was prepared														
1	Column Nos. 1-9 to be filled up by responsible Agency Official/Accountant Column Nos. 10-16 to be filled up by the concerned ATL														

Certified Correct:

MARICELLE V. INES

Senior Financial Planning Specialist

APOLINAR B. SANTIAGO

Division Manager B, Administrative/Finance

JAMES DOMINIC C. ZINAMPAN

OIC-Audit Team Leader