

PHILIPPINE SCIENCE HIGH SCHOOL - MIMAROPA REGION CAMPUS
Brgy. Rizal, Odiongan, Romblon

Status of Unliquidated Cash Advances
As of December 15, 2021 (Revised)

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		Status of Request for Write Off and/or Narrative Report (NR)	Amount Written off Subject of NR	Remarks
									with (v)	without (v)	Agency Official	Auditor			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
FUND 101101															
1															
		TOTAL			-										
2	Advances to Special Disbursing Officers														
		JETHER BUDD M. TOLENTINO	Cash advance - activity "Conduct of PSHS-MRC NCE RACE Campaign 2021/Sept. 20 - Oct. 8, 2021)	September 03, 2021	46,811.00	November 29, 2021	less than 30 days	Active							For Liquidation on or before December 31, 2021
		WOODRITZ F. RABINO	Cash advance - activity for Honorarium and travel of NCE Coordinators on September 20- October 8, 2021	September 14, 2021	340,000.00	November 29, 2021	less than 30 days	Active							For Liquidation on or before December 31, 2021
		MERIAM F. FALLAR	Cash advance - salary of NCE-RACE 2021 Coordinators	October 13, 2021	318,500.00	November 30, 2021	less than 30 days	Active							For Liquidation on or before December 31, 2021
		MARIE ANGELIE F. MORENO	Cash advance - activity (Regional Sci-Math Battle 2021 on October 22, 2021	October 19, 2021	49,300.00	October 28, 2021	more than 60 days	Active							For Liquidation on or before December 31, 2021
		LOURANE A. FALOGME	Cash advance - activity "Conduct of Mental Health Awareness Celebration on Oct. 25 - Nov. 30, 2021)	October 26, 2021	13,500.00	December 15, 2021	less than 30 days	Active							For Liquidation on or before December 31, 2021
		GLENN A. ATIENZA	Cash advance - activity "Project SEN SY 2021 - 2022"	November 02, 2021	200,000.00	December 15, 2021	less than 30 days	Active							For Liquidation on or before December 31, 2021
		JOANE C. DALISAY	Cash advance - Project SEN SY 2021-2022 (For delivery and collection fee)	November 05, 2021	25,000.00	December 15, 2021	less than 30 days	Active							For Liquidation on or before December 31, 2021
		LEONIL T. SUAREZ	Cash advance for Video Editing and Powerpoint Utilization Workshop this December 2021	December 13, 2021	14,477.90	December 31, 2021	less than 30 days	Active							For Liquidation on or before December 31, 2021
		JEYOUPEE S. FERRERA	Cash Advance for Year end Planning and Assessment	December 16, 2021	15,000.00	December 21, 2021	less than 30 days	Active							For Liquidation on or before December 31, 2021
		TOTAL			1,022,588.90										
			Total		1,022,588.90										

Note: * indicate if AO/employee is still connected with the agency, retired, resigned, dead or no longer be traced etc.

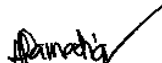
** For agency official, indicate if the agency requested for write off
for auditor, indicate if a Narrative Report was prepared

Column Nos. 1-9 to be filled up by responsible Agency Official/Accountants

Column Nos. 10-16 to be filled up by the concerned ATL

Certified Correct:

Submitted by:


IVY MAY F. FAMATIGA
Accountant II

ANNIE A. FONDEVILLA
State Auditor II
Audit Team Leader
Date-

Date- December 23, 2021

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As of September 15, 2021 (Revised)

Status of Fund Transfers to Other Government/Implementing Agencies (IAS)

As of December 15, 2021 (Revised)

No.	Account Used	Name of Implementing Agency	Purpose	Date Granted	Unliquidated Amount	Due date for Liquidation	Age of Cash Advance	Status of Account	Availability of Documents		Action Taken by		Status of Request for Write Off and/or Narrative Report (NR)	Amount Written off Subject of NR	Remarks
									with (v)	without (v)	Agency Officials (12)	Auditor (13)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
	NONE														

Note: * indicate if the fund transfer is recorded in the books of the IA and in the same amount or the IA is already abolished

** For agency official, indicate if the agency requested for write off

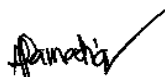
for auditor, indicate if a Narrative Report was prepared

Column Nos. 1-9 to be filled up by responsible Agency Official/Accountants

Column Nos. 10-16 to be filled up by the concerned ATL

Certified Correct:

Submitted by:


IVY MAY F. FAMATIGA
Accountant II

ANNIE A. FONDEVILLA
State Auditor II
Audit Team Leader

Date- December 23, 2021

Date-

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Status of Fund Transfers to Non-Government Organization/Peoples Organization (NGOs/Pos)
As of December 15, 2021 (Revised)

No.	Account Used	Name of NGO/PO	Purpose	Date Granted	Unliquidated Amount	Due date for Liquidation	Age of Fund Transfer	Status of NGO	Availability of Documents		Action Taken		Status of Request for Write Off and/or narrative report (NR)	Amount Written off Subject of NR	Remarks
									with	without	Agency Official	Auditor			
									(v)	(v)					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
		NONE													

Note: * indicate if the NGO is still existing or dissolved or can no longer be traced or cannot be located, 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 ATL

Certified Correct:

Submitted by:


IVY MAY F. FAMATIGA
 Accountant II

Date- December 23, 2021

ANNIE A. FONDEVILLA
 State Auditor II
 Audit Team Leader
 Date-

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Status of Other Receivables


As of December 15, 2021 (Revised)

No.	Account Used	Name of Accountable Officer(AO) /Employee /recepient	Purpose	Date Granted	Unliquidated Amount	Due date for Liquidation	Age of Fund Transfer/ cash advance/ grants	Status of AO/Employee/ Recepient	Availability of Documents		Action Taken		Status of Request for Write Off and/or narrative report (NR)	Amount Written off Subject of NR	Remarks
									with (v)	without (v)	Agency Official (12)	Auditor (13)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
1	NONE														
			Total		0.00										

Note: * indicate if the AO/employee/recepient 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 ATL

Certified Correct:

Submitted by:


 IVY MAY F. FAMATIGA
 Accountant II

Date- December 23, 2021

ANNIE A. FONDEVILLA
 State Auditor II
 Audit Team Leader

Date-