

MUNICIPALITY OF ALAMINOS  
 Status of Unliquidated Cash Advances  
 As of June 30, 2021

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		Status Request for write off and/or Narrative Report (NR)	Amount Written off/Subject of NR	Remarks
									with (v)	without (v)	Agency Officials	Auditor			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

N O N E

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 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:

CIRILO M. MISTA  
 Municipal Accountant

VINCE EARL P. DUEÑAS  
 State Auditor II