Annex A

TANDAG CITY WATER DISTRICT

Status of Unliquidated Cash Advances

As of December 31, 2021

No.	Account Used	Name of Accountable Officer (A/O)/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 Written Off/Subject of	Remarks
									with (✔)	without (✔)	Agency Officials	Auditor			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

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 No. 1-9 to be filled up by responsible Agency Official/Accountant
Column Nos. 10-16 to be filled by by the concerned ATL

Certified Correct:

FLOYD M. MENDEZ
SCAA

PAMELA GRACE A. ARAYAN
Audit Team Leader