

TANDAG CITY WATER DISTRICT
Status of Unliquidated Cash Advances
 As of December 31, 2020

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 with (✓) without (✗)	**Action Taken by Agency Officials	Auditor	Status of Request for Write-Off	Amount Written Off/Subject of	Remarks	
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 the concerned ATL

Certified Correct:


FLORDAM MENDIZ
 SCAA


PAMELA BRACEA ARAYAN
 Audit Team Leader

TANDAG CITY WATER DISTRICT
Status of Fund Transfers to Other Government/Implementing Agencies (IGAs)
As of December 31, 2020

No.	Account Used	Name of Implementing Agency (IA)	Purpose	Date Granted	Unliquidated Amount	Due Date for Liquidation	Age of Fund Transfer	*Status of Account	Availability of Documents		**Action Taken by		Status of Request for Write-Off and/or	Amount Written Off/Subject of NR	Remarks
									with (✓)	without (✗)	Agency Officials	Auditor			
1															
2															

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

Certified Correct:


FLOYD M. MENDEZ
SCAA


PAMELA GRACE A. ARAYAN
Audit Team Leader

TANDAG CITY WATER DISTRICT
 Status of Other Receivables
 As of December 31, 2020

Annex D

No.	Account Used	Name of Accountable Officer (A/O) / Employee / Recipient	Purpose	Date Granted	Outstanding Balance	Due Date for Liquidation	Age of Fund Transfer/Cash Advance/Grant	*Status of A/O/Employee/ Recipient	Availability of Documents			**Action Taken by		Status of Request for Write-Off	Amount Written Off/Subject of	Remarks
									(✓)	(✓)	(✓)	Agency Officials	Auditor			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1	10301010	Various Customers	Water Bill		3,427,153.07											
2	10301990	Various Employees	SMLP	11.03.2016	6,078.23	30.04.2019	To be recon.	Connected								
1	10305010	Paganpan, Ivy Anaga	Meals		4,946.95											
2	10305010	Gujilde, Ivy B.	Meals		4,970.00											
3	10305010	Ejpa, Ruben C.	Meals		4,972.00											
1	10305010	Paganpan, Ivy Anaga	Registration		2,197.50											
2	10305010	Pimentel, Ma. Cleofe	Registration		2,197.50											
3	10305010	Bacornay, Lourdes S.	Registration		2,197.50											
1	10305010	Abecia, Lemuel	CNA 2018		15,500.00											
2	10305010	Andres, Rosemarie	CNA 2018		15,500.00											
3	10305010	Bacornay, Lourdes S.	CNA 2018		15,500.00											
4	10305010	Bago-od, Alfredo Plaza	CNA 2018		15,500.00											
5	10305010	Bequilla, Joseph	CNA 2018		15,500.00											
6	10305010	Bernadas, Jerry	CNA 2018		15,500.00											
7	10305010	Comboy, Carmelo	CNA 2018		15,500.00											
8	10305010	Concha, Anthony	CNA 2018		15,500.00											
9	10305010	Dua, Aldrin	CNA 2018		15,500.00											
10	10305010	Dua, Brian	CNA 2018		15,500.00											
11	10305010	Lim, Ellidanne	CNA 2018		15,500.00											
12	10305010	Madelo, Tripson	CNA 2018		15,500.00											
13	10305010	Manalres, Fran Therese	CNA 2018		15,500.00											
14	10305010	Martinez, Jorge	CNA 2018		15,500.00											
15	10305010	Martus, Carlos	CNA 2018		15,500.00											
16	10305010	Millana, Warito	CNA 2018		15,500.00											
17	10305010	Pabalate, Noralyn	CNA 2018		14,000.00											
18	10305010	Parajes, Carlos	CNA 2018		15,500.00											
19	10305010	Partrimonio, Michelle	CNA 2018		15,500.00											
20	10305010	Salcedo, Arles	CNA 2018		15,500.00											
21	10305010	Tombo, Lucreno	CNA 2018		15,500.00											
22	10305010	Trinidad, Analiza	CNA 2018		15,500.00											
23	10305010	Vallescas, Elmer	CNA 2018		15,500.00											

Note: * Indicate if the AU/Employee/Recipient is still connected with the Agency, retired, resigned, dead or can no longer be traced, etc.
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 For Auditor, indicate if a Narrative Report was prepared

Column No. 1-5 to be filled up by responsible Agency Official/Accountant
 Column Nos. 10-16 to be filled by the concerned ATL

Certified Correct:


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