CEBU NORMAL UNIVERSITY
Status of Unliquidated Cash Advances
As of June 30, 2018

35	34	3	32	3	2 2	21 0	29	28	27	26	25	24	23	22 22	12 12	22	3 5	1 6	10 !	17	16	15 !	14	וֹנוֹ	12	11 5	10 0	o 0	,	1 6		л .	<u> </u>	ω	2		(<u>1</u>)		*****		NO.
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19901040 JAY JUMAR BACUNAWA	19901040 CATALINA CANASA	19901040 FLORDELYNN ESCARDA	19901040 JASON SABEQUIL	19901040 ROCHE TORREJOS	100010 to COUNTASTASAN	10001010 DODING BACGACAN	ANNIARE ESPINA	19901040 ETHEL ABAO	19901040 CHARLIE JOB SUMILI	19901040 VINCENT LOUISE SANCHEZ	19901040 MARICEL RIVERA	19901040 LUIS PURAL	19901040 LOUWELL PONPON	19901040 CONCEPCION PAYAO	19901040 CHARLENE PAUILLA	19901040 GRACE FLORES	19901040 EULOGIO DUBLIN	19901040 CHATSLER CABUSA	19901040 CHRYSLER CARLEY	19901040 BEST BATEBNIA		19901040 CHBISTIAN BARAN	19901040 LOZCAK ABATAYO	19901010 BERNADELLE BIGCAS	19901040 VANESSA CARTAGENA	19901040 ANGELINE POGOY	19901040 DOWINICIANA BANDALA	19901040 KARL PATRICK CASAS	19901040 FILOMENA DAYAGBIL	19901040 NAILA BELTRAN	19901040 ENWIN CORALES	JAY PICARDAL	0	19901040 DARA HILL MEDILLO	19901020 VILLARANTE GWENDELINA	O TEMPERATURA ROSE MARICEL	(3)				[AO]/Employee
TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	IRAINING	RAINING		TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	RAINING	TAINING	TANING	TAINING	TANING	RAINING	IRAINING	TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	IRAINING	RESEARCH	INSTITUTIONALLY FUNDED	TRAINING	PAYROLL FOR STUDENT LABOR	REFUND OF TESTING FEE	(4)				
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																																				(14)			write off	Status of Request for	V+0+10 0+
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Annex "A"

Int Used Name of Accountable Officer Purpose Date Granted (AO)/Employee Unliquidated AO() Due Date for Age of Cash Advance (AO)/Employee * Status of Availability (AO)/Employee Availability (AO)/Employee Amount Unliquidation (Liquidation (AO)/Employee * Status of Availability (AO)/Employee Availability (AO)/Employee Amount Unliquidation (Liquidation (AO)/Employee * Status of Availability (AO)/Employee Availability (AO)/Employee Amount Unliquidation (Liquidation (AO)/Employee * Status of Availability (AO)/Employee Availability (AO)/Employee Amount Unjuidation (Liquidation (AO)/Employee * Status of Availability (AO)/Employee Availability (AO)/Employee Amount Unjuidation (Liquidation (AO)/Employee * Status of Availability (AO)/Employee Availability (AO)/Employee 901040 Epsembloon Corverau Jr. TRAINING (A) (S) (B) (7) (B) (V) (V) (D) (ID)	Name of Accountable Officer (AO)/Employee Purpose	Name of Accountable Officer (AO)/Employee Purpose	Name of Accountable Officer (AO)/Employee Purpose	Name of Accountable Officer Purpose Purpose Purpose Date Granted Anjeuidated Anjeuidated Anjeuidated Anjeuidated Anjeuidated Anjeuidated Anjeuidated Anjeuidated Anjeuidated Anjeuidation Anjeuidated Anjeuidation	Name of Accountable Officer AD/Employee AD/Employee AD/Employee AD/Employee Amount Amount Liquidated Amount Liquidation Amount Liquidation Amount Liquidation AD/Employee Y of employee Y of
Anount Date for Accountable Officer (AO)/Employee Purpose	Annual Compose Purpose	Name of Accountable Officer (AO)/Employee Purpose	Name of Accountable Officer (AO)/Employee Purpose	Name of Accountable Officer (AO)/Employee Purpose Date Granted AO)/Employee Unliquidated Amount Due Date for Liquidation Age of Cash Advance AMount **Status of AO/Employee **Action Yof **Action Taken by Ao/Employee **Action Yof Status of Taken by Availabilit **Action Yof **Action ANAMARIE FERNANDEZ **Action Yof **Action Amount Status of Amount Augiliation Liquidation **Action Any Equivalent **Action Yof **Action Taken by Availabilit **Action Yof **Action Request for Availabilit **Action Yof **Action Taken by Availabilit **Action Yof **Action Request for Availabilit **Action Yof	Name of Accountable Officer Purpose Date Granted (A0)/Employee Unliquidated Anount Due Date for Liquidated Anount Age of Cash Advance * Status of Availabilit Liquidation **Action Problems **Action Problems Status of Anount Availabilit Liquidation **Action Problems **Action Problems Status of Anount Availabilit Liquidation **Action Problems **Action Problems **Action Problems **Action Problems Status of Anount **Action Problems **Action P
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Certified Correct

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

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

** For Agency Official, indicate if the agency requested for write off.

For Auditor, indicate if a Narrative Report was prepared

ROCHE O. TORREJOS

Accountant

MARIETA G. ORAL
Audit Team Leader