



Financial Reconciliation Return Form

MoEST, Busia, Deworming Wave:Wave 2-NWR, Coast,

Name:

Date:

Amount (Words):

Notes:

If you make any alterations to this return document, please cancel the original notation and counter-sign against the alteration. Do not use white-out.

Allowable costs **MUST** be approved by Innovations for Poverty Action before being incurred. Please contact us for approval. Once approved, indicate the specific nature of those expenses in the Remarks Section.

Receipient	Advanced	Spent	Variance
DEO	4000		
DEO	1200		
Driver	500		
2 Sub-County Level MoEST Personnel	6		
1 AEO	0		
2 Sub-County Level MoEST Personnel	2		
3 Ward MoEST Personnel PER Ward	12		
3 Ward MoEST Personnel PER Ward	6		
Sub-County Bank	200		
DEO pays G4S Securicor or EMS Speedpost	500		
DEO pays G4S Securicor or EMS Speedpost	500		
DEO	200		
	0		
	0		
	0		
	0		
	0		
	0		

Amount forwarded to your district

Total Amount Spent			
Amount Currently Held In District Account			

Prepared By:
Date:
Signature:

Approved By:
Date:
Signature: