



Financial Reconciliation Return Form

MoEST, Bomet, Deworming Wave:NWR First 56 SCs In 10 Couties For Y3

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 |
|--|----------|-------|----------|
| For DEO | 4000 | | |
| For DEO | 2000 | | |
| For DEO | 500 | | |
| For 3 Sub-County Level MOE Personnel | 6000 | | |
| For 3 Sub-County Level MoE Personnel | 1500 | | |
| For 3 Ward Level MoEST Personnel PER Ward | 12000 | | |
| For DEO pays to a vendor | 6000 | | |
| For DEO pays to a vendor | 7000 | | |
| For DEO pays to a vendor | 0 | | |
| For DEO pays vendor (Ward level personnel calculated by 3) | 0 | | |
| For DEO pays vendor | 600 | | |
| For Sub-County Bank | 200 | | |
| For DEO pays G4S Securicor or EMS Speedpost | 500 | | |
| For AEOs | 1000 | | |
| For AEOs | 1000 | | |
| | 0 | | |
| | 0 | | |
| | 0 | | |

Amount forwarded to your district

| | | | |
|---|-------|--|--|
| | 42300 | | |
| Total Amount Spent | | | |
| Amount Currently Held In District Account | | | |

Prepared By:
Date:
Signature:

Approved By:
Date:
Signature: