



## Financial Reconciliation Return Form

### County Meeting-CHC, Bomet, Deworming Wave:

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
CHC	4000		
CHC	1000		
CPHO, County Pharmacist, County Chief Officer-Health, County HMIS Officer	2000		
CHC, CPHO, County Pharmacist, County Chief Officer-Health, County HMIS Officer	10000		
SCMOHs	8000		
CHC, CPHO, County Chief Officer-Health, County Pharmacist, County HMIS Officer.	10000		
SCMOHs	8000		
CHC, CECR-H.	1000		
SCMOHs Drivers	2000		
County Accountant / Accounts Clerk - Health	1000		
County Accountant/Accounts Clerk - Health	2000		
County Bank Account	200		
CHC pays G4S Securior or EMS Speedpost	500		
Amount forwarded to your district	0		
Total Amount Spent			
Amount Currently Held In District Account			

Prepared By:

Date:

Signature:

Approved By:

Date:

Signature: