

## **Financial Reconciliation Return Form**

## DEO, Emuhaya, Deworming Wave:

Name:		
Date:		
Amount (Words):		
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.

Recepient	Advanced	Spent	Variance
rdination Allowance For DEO	4000		
sport For DEO	2000		
me For DEO	500		
litation Allowance For DEO	2000		
retary Allowance For The District Secretary	4000		
sport For 2 District Level MOE Personnel	4000		
me For 2 District Level MoE Personnel	1000		
sport For Division Level MoE Personnel PER DIVISION X liber of divisions	12000		
Rental For DEO pays to a vendor	8000		
ector Hire For DEO pays to a vendor	9000		
ls For DEO pays to a vendor (Divisional level personnel ulated by 3)	31200		
onery For DEO pays vendor (Divisional level personnel ulated by 3)	1575		
Chart Paper and Markers For DEO pays vendor	600		
c Charges For District Bank	500		
rier Services For DEO pays G4S Securicor or EMS edpost	500		
ue Expences	0		
unt forwarded to your district	80875		
I Amount Spent			
wat Compatibilities District Associat			

Amount Currently Held In District Account

Prepared By:	Approved By:			
Date:	Date:			
Signature:	Signature:			
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