



## Financial Reconciliation Return Form

County Monitoring-CDE, Bomet, Deworming Wave:NWR First 57 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
CDE	12000		
CDE	6000		
CDE	3000		
CDE	10800		
CDE	1000		
CDE	50		
County Bank Account	200		
CDE pays G4S Securicor or EMS SpeedPost	500		
Amount forwarded to your district	255920		
Total Amount Spent			
Amount Currently Held In District Account			

**Prepared By:**

**Date:**

**Signature:**

**Approved By:**

**Date:**

**Signature:**