



Financial Reconciliation Return Form

County Meeting-CDE, Taita Taveta, Deworming Wave:Wave 2-NWR, Coast,

Name: _____

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	0		
CDE's Driver	500		
CDE	4000		
CDE	1000		
CDTM/CQASO/County Chief Officer- Education/ County EMIS Officer	2000		
CDE/ CDTM / CQASO / County Chief Officer- Education / county EMIS Officer	10000		
DEOs	8000		
The CDE's Secretary	2000		
CDE/CDTM,CQASO/County Chief Officer- Education/ County EMIS Officer	10000		
DEOs	10000		
CDE,CDTM,CCR-E	1500		
DEOs Drivers	2000		
County Accountant / Accounts Clerk - Education	1000		
County Accountant/Accounts Clerk - Education	2000		
CDE pays to a vendor	4000		
CDE pays to a vendor	4500		
CDE pays to a vendor	31200		
CDE pays to a vendor	1800		
CDE pays to a vendor			

	600		
County Bank Account	200		
CDE pays G4S Securior or EMS Speedpost	500		
	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: