



Financial Reconciliation Return Form

MoH, Bunyala, 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
SCMOH	4		
SCMOH	1		
SCMOH	500		
SCMOH	1500		
SCMOH	500		
2 Sub-County Level MoH Personnel	8		
2 Sub-County Level MoH Personnel	2		
2 Sub-County Level MoH Personnel	1000		
1 Ward MoH Personnel per teacher training session	6		
1 Ward MoH Personnel per teacher training sessions	1500		
1 Ward level Personnel facilitating a teacher training session	1500		
3 Ward level MoH Personnel per Ward	3000		
Sub-County Bank	200		
SCMOH pays G4S Securicor 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: