



## Financial Reconciliation Return Form

### MoEST, Chepalungu, 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
DEO	4000		
DEO	1200		
DEO	500		
DEO	500		
DEO	500		
2 Sub-County Level MoEST Personnel	8000		
2 Sub-County Level MoEST Personnel	2400		
2 Sub-County Level MoEST Personnel	1000		
1 Ward MoEST Personnel PER TEACHER TRAINING session	2000		
1 Ward MoEST Personnel PER TEACHER TRAINING session	500		
1 Ward MoEST Personnel PER TEACHER TRAINING session	500		
3 Ward level MoEST Personnel per Ward	500		
Lunch/transport allowance for two teachers who attend teacher training sessions (max 2 per primary sch)	446000		
DEO/TTS Trainer	2000		
DEO/TTS Trainer	47000		
DEO/AEO pays a vendor	35250		
Head Teachers	22300		
sub-county Bank	200		
DEO pays G4S Securicor or EMS Speedpost			

	500		
Amount forwarded to your district	617150		
Total Amount Spent			
Amount Currently Held In District Account			

**Prepared By:**  
**Date:**  
**Signature:**

**Approved By:**  
**Date:**  
**Signature:**