



## Financial Reconciliation Return Form

**MoEST, Muhoroni, Deworming Wave:Y3 Nyanza Western 2015**

**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	2000		
DEO	500		
3 Sub-County Level MOE Personnel	6000		
3 Sub-County Level MoE Personnel	1500		
3 Ward Level MoEST Personnel PER Ward	12000		
DEO pays to a vendor	6000		
DEO pays to a vendor	7000		
DEO pays to a vendor	0		
DEO pays vendor (Ward level personnel calculated by 3)	0		
DEO pays vendor	600		
Sub-County Bank	200		
DEO pays G4S Securicor or EMS Speedpost	500		
AEOs	1000		
AEOs	1000		
	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:**