



Financial Reconciliation Return Form

MoH, Busia, Deworming Wave:Wave 2-NWR, Coast,

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	4000		
SCMOH	1200		
SCMOH	500		
SCMOH	2000		
SCMOH	500		
2 Sub-County Level MoH Personnel	8000		
2 Sub-County Level MoH Personnel	2400		
2 Sub-County Level MoH Personnel	1000		
1 Ward MoH Personnel per teacher training session	8		
1 Ward MoH Personnel per teacher training sessions	2000		
1 Ward level Personnel facilitating a teacher training session	2000		
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: