



## Financial Reconciliation Return Form

### MoEST, Butula, Deworming Wave:

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	10000		
1 Ward MoEST Personnel PER TEACHER TRAINING session	2500		
1 Ward MoEST Personnel PER TEACHER TRAINING session	2500		
3 Ward level MoEST Personnel per Ward	500		
Lunch/transport allowance for two teachers who attend teacher training sessions (max 2 per primary sch)	198000		
DEO/TTS Trainer	2000		
DEO/TTS Trainer	20800		
DEO/AEO pays a vendor	15600		
Head Teachers	9900		
sub-county Bank	200		
DEO 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:**