

Supplementary document to budget application (can also be used for data inquiry during the period)

Project Title:

Comprehensive Medical and Rehabilitation

Project

Project Number: 4081-MYP

CONTENT

Basic Project Data / Information on contact details/

Signatures

Bank Account Details

Please type or use block letters to complete this form!





Basic Project Information / Contact Details/Signatures

1. PROJECT IMPLEMENTING ENTITY:

Name: GRARBET TEHADISO MAHBER

PROJECT IN BUTAJIRA

Phone: +251 116 29 28 54

E-mail

gblgtm@yahoo.com

2. POSTAL ADDRESS OF PROJECT:

Name:

GRARBET TEHADISO MAHBER, PROJECT IN BUTAJIRA

P.O. Box or Street: P.O.Box 15824

Post Code/City: 1110 / ADDIS ABABA

State:

Country:

ADDIS ABABA /ETHIOPIA

Phone No.:

+251 116292854

Email:

gblgtm@yahoo.com

Project Manager at Partner Organization is:

Name: Ato Teshome Tulu

Function:

Project Coordinator

Phone: +251 911 55 47 46

E-mail:

teshometuluj@yahoo.com

Authorised person for Budget Application is:

Name: Prof. Redda Tekle Haimanot Function:

Executive Director

Phone: +251 911 22 84 98

E-mail:

gblgtm@yahoo.com





3. CONTRACT PARTNER (organization legally responsible (project

partner)):

Name:

GENERAL ASSEMBLY OF GRARBET TEHADSO MAHBER

P.O. Box or Street: P.O. Box 15824

Post Code/City:

ADDIS ABABA/ ETHIOPIA

State:

Country:

ETHIOPIA

Phone No.:

+251116 29 28 54

Email:

gblgtm@yahoo.com

Authorised person at partner organisation:

Name: Prof. Redda Tekle Haimanot Function:

Executive Director

Phone: +251116292854

E-mail:

gblgtm@yahoo.com

4. PHYSICAL ADDRESS OF PROJECT

(if different to postal address):

Name: GRARBET TEHADSO MAHBER

Street:

Post Code / City: 1110 / ADDIS ABABA

State:

County: ADDIS ABABA/ ETHIOPIA

5. FINANCIAL INFORMATION:

Currency of Application:

Please check the bank details under section B.





6. SIGNATURES

Authorised person for budget application (at project level)

With signature below the authorized person for the budget application at project level confirms that the details of this budget application to CBM are true and specified bank details under section B are correct and complete.

Signature of authorised person for budget application:

Date and official stamp:

Ato Teshome Tulu, Project Coordinator

Authorised person at partner organisation

This application has been verified by the organisation legally responsible for the project and is hereby endorsed.

Signature of of authorised person at partner

Date and official stamp:

Dec. 14, 2020

organisation:

Prof. Redda Tekle Haimanot, Executive Director

Redda Tekle Haimanot Prof Executive Director Grarbet Tehadiso Mahber (GT)

15824. Addis Alah



B. **Bank Account Details**

Please check and correct or complete if necessary!

Specification of the bank account on which CBM funds will be transferred for the project:

Full name of Acc. Holder:

GRARBET TEHADISO MAHBER COMPREHENSIVE

MEDICAL REHAB POJECT IN ETHIOPIA

Address of A/C Holder:

P.O.BOX 15824

City / Country A/C Holder:

ADDIS ABABA / Ethiopia

Full name of the Bank:

COMMERCIAL BANK OF ETHIOPIA

Bank's Branch Name/Code:

MESKEL SQUARE BRANCH

National Bank Code (SC, IFSC, ABA, etc.)

Swift Code:

CBETETAA

Bank Address:

MESKEL SQUARE BRANCH P.O.Box 100120

Bank City/Country:

ADDIS ABABA / Ethiopia

Contact Person at the Bank:

Account No:

1000008171096

International bank account

number (IBAN Code):

Currency of Account:

ETB

Signatories to the Account:

Remarks:

Contact person mentioned in Project Contract? (Yes/No)

Signatories to the account = Prof. Redda TekleHaimanot Ato Desalegne Amanuel & Ato Abate Meseret

Yes



COMMERCIAL BANK OF ETHIOPIA

Meskel Square Branch

P.O.BOX 100120, Addis Ababa

Account Statement

1000778348 GRARBET TEHADISO MAHIBER AABO AA BOLEWOREDA.5 ET Commercial Bank of Ethiopia

Statement of Transactions For the period From 01 MAY 2022 to 31 MAY 2022

Account:1000008171096

GRARBET TEHADISO MAHIBER

Currency :ETB

Account Type: CURRENT ACCOUNT

Date	Particulars	Reference	Narrative	Value Date	Debit	Credit	Balances
9 05 2022	36933392	FT22138W94LK\TYJ	36933392	18 05 2022	-49,825.00	.00	1,322,537.2
18 05 2022	CHQ NO.36933393	TT22138BGGNL\GW 4	36933393	18 05 2022	-19,345.00	.00	1,303,192.2
19 05 2022	inward Telex Payment	FT22139MPYH3		19 05 2022	00	1,520,500.00	2,823,692.2
19 05 2022	Inward Telex Payment	FT22139NLL46		19 05 2022	.00	967,730.38	3,791,422.6
19 05 2022	Inward Telex Payment	FT221395Z4ST		19 05 2022	.00	4,267,193.75	8,058,616.40
24 05 2022	Outward Cheque - Dr	FT22144PBVFW\AB W	36933386	24 05 2022	-10,170.00	.00	8,048,446.40
25 05 2022	CHQ NO.36933395	TT2214534LPH\KL1	36933395	25 05 2022	-30,000.00	.00	8,018,446.40
25 05 2022	CHQ NO.36933397	TT221459WC70	36933397	25 05 2022	-28,958.10	.00	7,989,488.3
25 05 2022	GTMA 102.13858.1	FT2214591TMD	GTMA 102.13858.1	25 05 2022	-133,147.97	.00	7,856,340.3
26 05 2022	CHC 10.36933398	TT22146NV72S\GW-	36933398	26 05 2022	-49,062.55	.00	7,807,277.7
26 05 2022	GTW/102.03/859	FT22146KRCPB	GTM/102.03/859	26 05 2022	-100,000.00	.00	7,707,277.7
27 05 2022	CPO DD Transfer	FT2214769V8G		27 05 2022	-104,131.42	.00	7,603,146.3
10 05 2022	EG36933394	FT221505JZVVADP	36933394	30 05 2022	-134,999.90	.00	7,468,146.4
30 05 2022	CHQ NO 37379301	TT221500LV9W\GW 4	37379301	30 05 2022	-19,240.00	.00	7,448,906.4
30 05 2022	CD36933399	FT22150296RZ\AND	36933399	30 05 2022	-91,974.77	.00	7,356,931.6
31 05 2022	Cheque Issued Cornmission Dr	CAFI.100000817109 6.0000012		31 05 2022	-100.00	.00	7,356,831.69
31 05 2022	Cheque Issued Commission Dr	CAFI.100000817109 6.0000013	Y =	31 05 2022	-100.00	.00	7,356,731.6
31 05 2022	Cheque Issued Commission Dr	CAFI.100000817109 6.0000014	1	31 05 2022	-100.00	.00	7,356,631.6
31 05 2022	0001006394	FT22151L0GG9	0001006394	31 05 2022	-79,284.07	.00	7,277,347.6
31 05 2022	0001006394	FT22151TLNST	0001006394	31 05 2022	-21,912.23	.00	7,255,435.3
31 05 2022	0001006394	FT221510TK1X	0001006394	31 05 2022	-24,974.98	.00	7,230,460.4
31 05 2022	AA Loan Repayment	FT221519M14D		31 05 2022	-5,500.00	.00	7,224,960.4
Balance C/F -6,188,723.77 13,413,684.18							7,224,960.4

^{*}Please examin. This statement promptly and immediately advice our Auditing Dept of any errors. If no error is reported with in fifteen days, this statement will be considered correct. *