

Standard Item Date of Issue Form 4-2000 ORA-122	PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL					VOUCHER NUMBER
NAME AND MAILING ADDRESS MBARARA REGIONAL REFERRAL HOSPITAL P.O. BOX 40 MBARARA	USAID MISSION TO UGANDA P.O. BOX 7856 KAMPALA, UGANDA		VOUCHER PREPARED ON 12/16/20			PAID BY
			CONTRACT NO. DATE IL-617-IL-2020-MRRH			
			PURCHASE ORDER DATE			
SHIPPED FROM TO WEIGHT						DATE INVOICE REC.
						DISCOUNT TERMS
						PAYEE'S INV. NO.
NUMBER AND DATE OF ORDER	ARTICLES OR SERVICES	QTY	UNIT	PRICE	AMOUNT	
			COST	PER	IN USD	
	Fixed Amount Reimbursement (FAR) Advance Request for the Months: <div style="text-align: right;">Feb-21</div> <div style="text-align: right;">73,762</div> <div style="margin-top: 20px;"> Dr. Celestine Barigye Authorized person signs anywhere here: include name, signature & date. </div>					
TOTAL:					73,762	
PAYMENT: APPROVED FOR PAYMENT = USD EXCHANGE RATE \$1.00 DIFFERENCES:		APPROVED BY: TITLE: GATR INITIALS OF VOUCHER EXAMINER AND SUPERVISOR				
"Pursuant to the authority vested in me, I certify that this voucher is correct and proper for payment."						
(Date)		(Authorized Certifying Officer)		(Title)		
ACCOUNTING CLASSIFICATION						
CHECK NO. ON ACCT. OF U.S. TREASURY		PAID BY ON ACCT. OF BARCLAY'S BANK (U) LTD.				
CASH DATE						
PER						

IMPLEMENTING PARTNER

MBARARA REGIONAL REFERRAL HOSPITAL

ACTIVITY:

To strengthen the Mbarara Regional Referral Hospital for the delivery of HIV prevention, care and treatment services

GRANT AWARD NUMBER:

617-IL-2020-MRRH

START DATE:

March 31, 2020

END DATE:

June 30, 2021

PAYMENT METHOD:

FIXED AMOUNT REIMBURSEMENT

ADVANCE REQUEST FOR THE PERIOD: JAN - MARCH 2021

	A	B	C	D	E	F	G
Milestone Description	Obligated Amount	Total Grants Advanced	Balance of Grant Amount (A-B)	Projected Expenditure Jan 2021	Projected Expenditure Feb 2021	Projected Expenditure March 2021	Total Projected Expenditure (D+E+F)
	USD	USD	USD	USD	USD	USD	UGX
HTS	51,730	-	51,730	-	41,384	-	41,384
TX_CURR	55,628	10,113	45,515	-	13,907	13,907	27,814
TX_PVLS	45,398	7,844	37,554	-	11,349	11,349	22,699
EID	3,411	-	3,411	-	3,411	-	3,411
PFM-HR	2,229	-	2,229	-	-	-	-
PFM-PMT	1,151	139	1,012	-	-	-	-
PFM-GOV2	-	-	-	-	3,711	-	3,711
PFM-GOV3	4,204	-	4,204	-	-	-	-
PFM-FAR2	-	-	-	-	-	-	-
PFM-RMF2	2,462	-	2,462	-	-	-	-
PFM-FAR 1	2,005	-	2,005	-	-	-	-
PFM-ICT 2	2,034	-	2,034	-	-	-	-
Totals	170,251	18,096	152,155	-	73,762	25,256	99,018

Actual Funds Advanced by USAID per Month

Milestones	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Total
	USD	USD	USD	USD	USD	USD	USD	USD
HTS	-	-	-	-	-	-	-	-
TX_CURR	-	10,113	-	-	-	-	-	10,113
TX_PVLS	-	7,844	-	-	-	-	-	7,844
EID	-	-	-	-	-	-	-	-
PFM-HR	-	-	-	-	-	-	-	-
PFM-PMT	-	139	-	-	-	-	-	139
PFM-SUP	-	-	-	-	-	-	-	-
PFM-GOV	-	-	-	-	-	-	-	-
PFM-RMF	-	-	-	-	-	-	-	-
PFM-FAR	-	-	-	-	-	-	-	-
PFM-ICT	-	-	-	-	-	-	-	-
Totals	-	18,096	-	-	-	-	-	18,096
Totals UGX	-	68,492,214	-	-	-	-	-	68,492,214

Obligation Exchange rate 3,785 3,785 3,650 3,650 3,650 3,650 3,650 3,650

I certify to the best of my knowledge and belief that this report is true in all respects and all disbursements have been made in accordance with the purpose and conditions of the grant agreement.

Appropriate refund to USAID will be made promptly upon request in the event of disallowance of costs not allowed under the terms of the agreement. That such detailed supporting information as USAID may reasonably require will be furnished promptly to USAID upon request.

AP

Names: NATHABWE BEN B.

Title: ACCOUNTANT

Signature: [Signature] Date: 16/12/20

Names: Dr. Barigye

Title: Director

Signature: [Signature] Date: 16/12/2020

Mbarara Regional Referral Hospital Monthly Disbursement Plan

Fixed Amount Reimbursement-REVISED IN US DOLLARS

Milestone	October 2020	November 2020	December 2020	Sub-Total UGX FY21Q1	January 2021	February 2021	March 2021	Sub-Total UGX FY21Q2	April 2021	May 2021	June 2021	Sub-Total UGX FY21Q3	Total
HTS				0		41,383.64		41,383.64	0	0	0	0	41,383.64
TX-CT/R			13,906.93	13,906.93		13,906.93	13,906.93	27,813.86		13,906.93		13,906.93	55,627.72
TX-PVLS			11,349.41	11,349.41		11,349.41	11,349.41	22,698.82		11,349.41		11,349.41	45,397.64
EID				0		3,410.88		3,410.88	0		0	0	3,410.88
PNM-HR				0				0		2,228.57		2,228.57	2,228.57
PNM-PMT				0				0		1,150.68		1,150.68	1,150.68
PNM-GOV2				0		3,710.96		3,710.96		0		0	3,710.96
PNM-GOV3				0				0		493.15		493.15	493.15
PNM-FAR2				0				0		273.97		273.97	273.97
PNM-RNF2				0				0		2,461.84		2,461.84	2,461.84
PNM-FAR1				0				0		1,731.51		1,731.51	1,731.51
PNM-CT2				0				0		2,034.00		2,034.00	2,034.00
Total Monthly Expenditures			25,256	25,256		73,762	25,256	99,018		35,630		35,630	159,904.56
UGN			25,256.34	92,185,641.00		269,230,643.00	92,185,641.00	361,416,284.00		888,888,888.88		130,049,719.00	581,651,644.00

Cost Reimbursement-REVISED

Cost Area	Oct 2020	Nov 2020	Dec 2020	Sub-Total UGX FY21Q1	Jan 2021	Feb 2021	Mar 2021	Sub-Total UGX FY21Q2	Apr 2021	May 2021	June 2021	Sub-Total UGX FY21Q3	Total	Original
Salaries	102,431,934	102,791,934	102,791,934	308,015,842	114,431,938	114,431,938	114,431,938	343,355,874	17,700,000	17,700,000	17,700,000	53,100,000	704,471,716	739,811,748
NSSF 10%	9,487,196	9,487,196	9,487,196	28,461,588	10,257,196	10,257,196	10,257,196	30,771,588	1,770,000	1,770,000	1,770,000	5,310,000	64,543,176	66,853,176
Workman's compensation premium				-		18,832,211		18,832,211				-	18,832,211	18,832,211
Medical Insurance Premium				-		92,190,000		92,190,000				-	92,190,000	92,190,000
Gratuity				-		2,000,000		6,000,000	2,000,000	2,000,000		6,000,000	12,000,000	12,000,000
RHH travel				-		170,400,000		170,400,000				-	170,400,000	170,400,000
Equipment				-								-		
Total Monthly Expenditures	111,919,130	112,279,150	112,279,150	336,477,430	126,709,154	408,131,365	126,709,154	661,549,673	21,470,000	21,470,000	72,550,835	115,490,835	1,113,517,938	1,202,248,805
UGN	29,569.12	29,664.24	29,664.24	92,185,640	34,714.84	111,816.81	34,714.84	181,246.49	5,882.19	5,882.19	19,876.94	31,641.32	305,073.41	329,383.23

UGN - Quarterly Cash Limits Summary

Period	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Total
Fixed Amount				361,416,284	130,049,719	491,466,003
Reimbursement				661,549,673	115,490,835	777,040,508
Cost Reimbursement	-	-				
Total	-	-	-	1,022,965,957	245,540,554	1,268,506,511

USD - Quarterly Cash Limits Summary

Period	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Total
Fixed Amount	0	-	0	99,018	35,630	134,648
Reimbursement				181,246	31,641	212,888
Cost Reimbursement	-	-	0			
Total	-	-	-	280,265	67,271	347,536