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|---|--|---|--|--|-------------------|
| Standard Form<br>(Type of Form)<br>1 TYN 4-2000<br>1034-122   | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b> |   |  |  | VOUCHER NUMBER    |
| NAME AND MAILING ADDRESS  | USAID MISSION TO UGANDA<br>P. O. BOX 7856<br>KAMPALA, UGANDA         |   | VOUCHER PREPARED ON<br><b>12/15/20</b>   |  | PAID BY           |
|   |  |   | CONTRACT NO. <span style="float: right;">DATE</span><br><b>11-617-11-2020-MRRH</b> |  |                   |
|   |  |   | PURCHASE ORDER <span style="float: right;">DATE</span>                             |  |                   |
| NAME AND MAILING ADDRESS  | MBARARA REGIONAL REFERRAL HOSPITAL<br>P.O. BOX 40<br>MBARARA         |   |  |  | DATE INVOICE REC. |
|   |  |   |  |  | DISCOUNT TERMS    |
|   |  |   |  |  | PAYEE'S INV. NO.  |
| SHIPPED FROM  |  | TO  |  | WEIGHT                                       |                   |
| GOVT. B/L NO.   |  |   |  |  |                   |
| NUMBER AND DATE OF ORDER  | ARTICLES OR SERVICES   |   | QTY  | UNIT PRICE AMOUNT<br>COST PER IN USD         |                   |
| Fixed Amount Reimbursement (FAR)<br>Advance Request for the Months:<br><br>Mar-21<br><br>Dr. Celestine Barigye<br><br>Authorized person signs anywhere here: include name, signature & date |  |  |  | 25,256                                       |                   |
| PAYMENT: APPROVED FOR PAYMENT = USD EXCHANGE RATE \$1.00  |  | DIFFERENCES:  |  | TOTAL: 25,256                                |                   |
| PROVISIONAL _<br>COMPLETE _<br>PARTIAL _<br>PROGRESS _<br>ADVANCE _<br>LIQUIDATION _<br>NO-PAY _  |  | APPROVED BY:<br><br>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

IMBARARA 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

| Milestone Description | A                       |                                 | B                                       |   | C  |  | D   |  | E |  | F |  | G |  |
|-----------------------|-------------------------|---------------------------------|---|---|--|--|---|--|---|--|---|--|---|--|
|                       | Obligated Amount<br>USD | Total Grants<br>Advanced<br>USD | Balance of Grant<br>Amount (A-B)<br>USD | Projected<br>Expenditure Jan<br>2021<br>USD | Projected Expenditure<br>Feb 2021<br>USD | Projected Expenditure<br>March 2021<br>USD | Total Projected<br>Expenditure (D+E+F)<br>USD |  |   |  |   |  |   |  |
| HTS                   | 51,730                  | -                               | 51,730                                  | -   | 51,730                                   | -  | 51,730  |  |   |  |   |  |   |  |
| TX_CURR               | 55,628                  | 10,113                          | 45,515                                  | -   | 13,907                                   | 13,907                                     | 27,814  |  |   |  |   |  |   |  |
| TX_PVUS               | 45,398                  | 7,844                           | 37,554                                  | -   | 11,349                                   | 11,349                                     | 22,699  |  |   |  |   |  |   |  |
| EID                   | 3,411                   | -                               | 3,411                                   | -   | 3,411                                    | -  | 3,411   |  |   |  |   |  |   |  |
| PRM-HR                | 2,229                   | -                               | 2,229                                   | -   | -  | -  | -   |  |   |  |   |  |   |  |
| PRM-PMT               | 1,151                   | 139                             | 1,012                                   | -   | -  | -  | -   |  |   |  |   |  |   |  |
| PRM-GOV2              | -                       | -                               | -                                       | -   | 3,711                                    | -  | 3,711   |  |   |  |   |  |   |  |
| PRM-GOV3              | 4,204                   | -                               | 4,204                                   | -   | -  | -  | -   |  |   |  |   |  |   |  |
| PRM-FAR2              | -                       | -                               | -                                       | -   | -  | -  | -   |  |   |  |   |  |   |  |
| PRM-RMF2              | 2,462                   | -                               | 2,462                                   | -   | -  | -  | -   |  |   |  |   |  |   |  |
| PRM-FAR 1             | 2,005                   | -                               | 2,005                                   | -   | -  | -  | -   |  |   |  |   |  |   |  |
| PRM-ICT 2             | 2,034                   | -                               | 2,034                                   | -   | -  | -  | -   |  |   |  |   |  |   |  |
| Totals                | 170,251                 | 18,096                          | 152,155                                 | -   | 84,108                                   | 25,256                                     | 109,364                                       |  |   |  |   |  |   |  |

## Actual Funds Advanced by USAID per Month

| Milestones | Apr-20<br>USD | May-20<br>USD | Jun-20<br>USD | Jul-20<br>USD | Aug-20<br>USD | Sep-20<br>USD | Oct-20<br>USD | Total<br>USD |
|------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|
| HTS        | -             | -             | -             | -             | -             | -             | -             | -            |
| TX_CURR    | -             | 10,113        | -             | -             | -             | -             | -             | 10,113       |
| TX_PVUS    | -             | 7,844         | -             | -             | -             | -             | -             | 7,844        |
| EID        | -             | -             | -             | -             | -             | -             | -             | -            |
| PRM-HR     | -             | -             | -             | -             | -             | -             | -             | -            |
| PRM-PMT    | -             | 139           | -             | -             | -             | -             | -             | 139          |
| PRM-GOV    | -             | -             | -             | -             | -             | -             | -             | -            |
| PRM-FAR    | -             | -             | -             | -             | -             | -             | -             | -            |
| PRM-ICT    | -             | -             | -             | -             | -             | -             | -             | -            |
| Totals     | -             | 18,096        | -             | -             | -             | -             | -             | 18,096       |
| Totals UGX | 3,785         | 3,785         | 3,650         | 3,650         | 3,650         | 3,650         | 3,650         | 68,492,214   |

## Obligation Exchange rate

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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.

Names: NATHABWE BEN B.

Title: ACCOUNTANT

Signature: [Signature]

Date: 16/12/20

Names: Dr. BEINGYE C

Title: Director

Signature: [Signature]

Date: 16/12/2020

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| Period                     | Apr-Jun 2020 | Jul-Sep 2020 | Oct-Dec 2020 | Jan-Mar 2021  | Apr-Jun 2021 | Total         |
|----------------------------|--------------|--------------|--------------|---------------|--------------|---------------|
| Fixed Amount Reimbursement |              |              |              | 361,416,284   | 130,049,719  | 491,466,003   |
| Cost Reimbursement         | -            | -            |              | 661,549,673   | 115,490,835  | 777,040,508   |
| 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 Reimbursement | 0            | -            | 0            | 99,018       | 35,630       | 134,648 |
| Cost Reimbursement         | -            | -            | 0            | 181,246      | 31,641       | 212,888 |
| Total                      | -            | -            | -            | 280,265      | 67,271       | 347,536 |

