ACQUITTAL FORM

OFFICE USE ONLY:

Date: Report/ Acquittals Received: _____/_____/_____. From Who: _____

Time: _____ am/ pm

Date Funds Given: _____/_____/ _____ Amount: K _____

Registry Number: _____ Receipt # _____

Program Code: _____ Expenditure Item Code: _____

Report Confirmation:

Sign: _____

OFFICER IN CHARGE OR RESPONSIBLE OFFICER DETAILS:

Name of Facility: _____ Date Reporting: _____/_____/_____

Name of OIC / Team Leader: _____ Request # _____

Reporting for Amount – K _____ Program Code: _____

Date funds received: _____/_____/_____ Receipt # _____

SUMMARY OF EXPENDITURE:

TOTAL FUNDS: K _____

TOTAL EXPENSES: K_____

BALANCE: K_____

Signatures: OIC TEAM LEADER STAFF WITNESS

GENERAL VOUCHERS FOR ALL EXPENSES

Date	Voucher # Receipt #	Details	Amount	Remarks/ Sign
		Total In		
		Total Out		
		Balance		

Name & Signature _____ Date ___/____/ _____

SUMMARY OF EXPENDITURE

Item/ cost center	Budget Amount	Actual Expense
TOTAL		
ADDITIONAL FUNDS		
BALANCE		

If additional funds were used; explain the source and justify: Finally, state clearly if the funds need to be reimbursed.

Source of funding: _____ Amount: _____ Need to refund (tick) ***YES / NO***

Explain why funds need to be refund? _____

_____

Name of *OIC: _____ Signature _____*

Name of Staff _____ Signature _____
in Charge of Program/ Area

Staff Witnessing: (Name & Signature) _____

Note: For transparency, 3 staff must sign for any works

Attachment: All Vouchers, Receipts etc. Add additional page as you need to attach receipts.