

Expenditure Reconciliation Statement for Funded Projects

Project Title:	Community Health Outreach Program
Project Code:	CHOP-2024-01
Donor/Funding Agency:	Health Forward Foundation
Reporting Period:	01-Jan-2024 to 30-Apr-2024
Date of Statement:	10-May-2024

1. Expenditure Summary

Budget Line Item	Approved Budget (USD)	Actual Expenditure (USD)	Variance (USD)
Personnel	10,000	9,500	500
Supplies	3,000	2,800	200
Travel & Transport	2,500	2,700	-200
Training & Workshops	4,000	3,800	200
Other Costs	1,500	1,200	300

Total Approved Budget	USD 21,000
Total Actual Expenditure	USD 20,000
Total Variance	USD 1,000

2. Remarks

All expenditures have been verified with supporting invoices and are within the approved budget limits. Minor negative variance in Travel & Transport was covered by savings in other categories. No major budget deviations recorded for the period.

Prepared by:
Name & Signature

Approved by:
Name & Signature

Important Notes

- This statement should be supported by original vouchers, invoices, and receipts.
- Any variances between actual and budgeted expenditure must be explained.
- The statement should be submitted to the donor within the agreed reporting timeline.
- Signatures are mandatory to authenticate the accuracy of the figures reported.
- The reconciliation helps ensure transparency and accountability in project fund management.