

Expenditure Reconciliation Statement for Funded Projects

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|-----------------------|-----------------------------------|
| 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.