

Fund Utilization Reconciliation Statement

| | |
|--------------------------|-----------------------------|
| Organization/Department: | ABC Foundation |
| Fund/Project Name: | Community Health Initiative |
| Reference Number: | CHI/FIN/2024/07 |
| Period: | 01-Apr-2024 to 30-Jun-2024 |
| Date of Statement: | 05-Jul-2024 |

Statement of Fund Utilization

| S. No. | Particulars | Amount Received (â‚¹) | Amount Utilized (â‚¹) | Unutilized Balance (â‚¹) |
|--------|----------------------------|-----------------------|-----------------------|--------------------------|
| 1 | Opening Balance | 50,000 | - | 50,000 |
| 2 | Funds Received This Period | 1,00,000 | - | 1,50,000 |
| 3 | Salaries & Honorarium | - | 40,000 | 1,10,000 |
| 4 | Materials & Supplies | - | 30,000 | 80,000 |
| 5 | Travel Expenses | - | 18,000 | 62,000 |
| 6 | Miscellaneous Expenses | - | 10,000 | 52,000 |
| Total | | 1,50,000 | 98,000 | 52,000 |

Prepared by

Reviewed by

Approved by

- This statement should be supported by relevant receipts and vouchers.
- Ensure that all expenditures conform to fund utilization guidelines and approvals.
- The unutilized balance should be carried forward and reconciled in the next statement period.
- Discrepancies, if any, must be explained in a separate annexure.
- This document is subject to audit and verification by the funding agency or auditor.