
ANNEX: 7

FINANCIAL REPORTING AND APPLICATION FORMS

FORM 1: This is used to present the expected expenditure for the trimester that funds are being applied for. It is based on the agreed work plans and approved budgets for the project.

FORM 1: *Estimated expenditure for current trimester*

Project Reference No:			
Project Title:			
Project Year :		Fiscal Year:	
Trimester period covered by expenditure			
From:		To:	
Description			Estimated expenditure
Activity 1			
Activity 2			
Activity ...n			
Overheads			
Contingency			
			Total:

Project Coordinator

Name:

Date:

Organization Head

Name:

Date:

FORM 2: It shows the current status of finances held with the project, and is a summary of money received and expenditure during the previous trimester.

FORM 2: Summary of expenditure and income for the current trimester

Project Reference No:								
Project Title:								
Trimester period covered by this summary								
From:				To:				
Description								
	¹ Total Budget	² Budget Released	³ Proposed Budget	⁴ Balance Forward	⁵ Funds received	⁶ Other income	⁷ Expenditure	
Activity 1								
Activity 2								
Activity ...n								
Sub total								
Overhead								
Contingency 3%								
Total								
VAT								
Grand total								
⁸ Current Balance								

¹ Total Approved Budget
² Expenditure up to previous trimester
³ Proposed budgets for this trimester
⁴ The balance brought forward from the previous trimester
⁵ Funds received from NARDF for the trimester
⁶ Other income received or generated by the project during the trimester
⁷ Actual receipted expenditure incurred
⁸ [Balance forward + Funds Received + Other Income] – Expenditure

 Project Coordinator
 Name:
 Date:

 Organization Head
 Name:
 Date:

FORM 3: This is the form where the information on Form 1 and Form 2 is brought together, and the amount of funding required for the next trimester is given.

FORM 3: *Application for funds for the next trimester*

Project Reference No:	
Project Title:	

Trimester period covered by the application for funding			
Project Year:		Fiscal Year:	
From:		To:	

Description	Total
1. Balance from previous trimester [Total from Form 2]	
2. Funds received [Total from Form 2]	
3. Other Income [Total from Form 2]	
4. Sub-total [Funds available = 1 + 2 + 3]	
5. Expenditure Current Trimester [Total from Form 2]	
6. Current Balance [4 – 5]	
7. Estimated expenditure for next trimester [Total from Form 1]	
8. Net advance due for next trimester [7 – 6]	

Project Coordinator

Name:

Date:

Organization Head

Name:

Date:

FORM 4: It is completed once a year and submitted with the third trimester financial report. It is simply a summary of receipts and expenditure for the year.

FORM 4: *Annual financial summary*

Project Reference No:	
Project Title:	

Project year covered by this summary			
Project Year:		Fiscal Year:	
From:		To:	

Description	¹ Total Budget	² Previous expenditure	³ Budget	⁴ Amount Received	⁵ Expenditure	⁶ Balance	⁷ Note
Activity 1							
Activity 2							
Activity ...n							
Sub total							
Overheads							
Contingency 3%							
Total							
VAT							
Grand Total							
Current Balance							

- ¹ Total Approved Budget
- ² Previous Year's expenditure
- ³ Figure from the approved budget for the project year
- ⁴ Amount received from NARDF plus any additional income reported
- ⁵ Expenditure incurred and reported for this year
- ⁶ Amount received [column 4] less expenditure [column 5]
- ⁷ Indicate note number and attach notes on a separate sheet if additional explanation is required

 Project Coordinator
 Name:
 Date:

 Organization Head
 Name:
 Date:

FORM 5: It is filled in only once, at the end of the project period. It is submitted with the final annual and final trimester financial reports, along with any balance of funds remaining.

FORM 5: Project completion and financial summary

Project Reference No:	
Project Title:	

Project Period covered by this Project Completion Summary			
Project Year:		Fiscal Year:	
From:		To:	

Table 1

Activities	¹ Approved budget	² Expenditure	³ Balance	⁴ Note
1				
2				
3				
Sub Total				
Overhead				
Contingency3%				
Total				
Vat				
Grand Total				

¹ The figure from the project budget approved by NARDF
² Expenditure report on Form 4 for each year
³ Balance of budget remaining if any at the end of project
⁴ Indicate note number and attach notes on a separate sheet if additional explanation is required.

 Project Coordinator
 Name:
 Date:

 Organization Head
 Name:
 Date:

FORM 6: It is issued from the **NARDF** in every trimester during the budget release.

FORM 6: Bills issued form NARDF in every payment (Only for NARDF use)

Project Title:		
Coordinator	Institution	
Project Number :	Funding Source:	Project Start Date:
Total Budget:	Agreement date:	Project Completion date:
Bill no:	Project year:	Trimester: In NRs.

S.No	Activities no	1 ^{Proposed Budget}	2 ^{Previous release}		3 ^{Proposed Budget}	4 ^{Expenditure Propose}	5 ^{Expenditure approved}	6 ^{Forecast}	7 ^{Advance Balance}	8 ^{Payment}	9 ^{Total Payment (D+K)}	10 ^{Budget balance (C-L)}
			Activities	Advance								
A	B	C	D	E	F	G	H	I	J	K	L	M
1												
2												
3												
4												
	Sub total [A]											
	Overhead 12%											
	Contingency 3 %											
	Total [B]											
	VAT											
	Total [A+B]											
	Advance											
	Grand Total											

¹Total proposed budget for that activity

²Total budget released in previous trimesters

³Budget proposed for Expenditure proposed that trimester period

⁴Expenditure proposed by the project for that trimester

⁵Expenditure approved by NARDF

⁶Forecast for next trimester

⁷Balance of budget remaining at the end of the trimester

⁸ Actual payments in the trimester

⁹Total payments up to the trimester

¹⁰ Budget balance for these activities

Project Coordinator

Name:

Date:

Organization Head

Name:

Date: