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**MAKERERE UNIVERSITY Sida PROGRAM**

**MAKERERE – SIDA PHASE IV (2015/2020 AGREEMENT)**

**ACCOUNTABILITY SUBMISSION FORM**

**Name**: …………………………….. **Date:** ……………..…….

**Tel No.** ……………………………… **Email:** …………………………………………………

**College/Department**. ……………………………………….. **Team/Project No.** ……………

**Project PI.:** ……………………………………… **Period e.g**. 2015/2016

**Cheque No……………………. Voucher No…………….**

*Follow the example below:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | Advance (UGX) | Actual exp (UGX) | Reference (marked on the attached Documents) | variance | Remarks |
| A-communication |  |  |  |  |  |
|  |  |  | A1 |  |
|  |  |  | A2 |  |
|  |  |  | A3 |  |
|  SUB Total |  |  |  |  |  |
|  |  |  |  |  |  |
| B-Transport |  |  | B1 |  |
|  |  |  | B2 |  |
|  |  |  | B3 |  |
|  |  |  | B4 |  |
|  SUB Total  |  |  |  |  |  |
| C- Honoraria |  |  |  |  |  |
|  |  |  |  |  |  |
|  SUB Total  |  |  |  |  |  |
| **ETC** |  |  |  |  |  |
| GRAND TOTAL |  |  |  |  |  |

Advancee: Forwarded (DRGT) Received (Audit)

**Sign:** ………………………. ……………………… ……….........……………

**Name:** ……................………. ……………………… ………………………….

**Date:** ……………………… ……………………… ………………………...

Researcher/PI/Staff Accountant/Director Internal Auditor