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 The Federal Democratic Republic of Ethiopia
 Ministry of Finance and Economic Cooperation

To DAG Programme Coordinator

UNDP

Addis Ababa

Dear Sir/Madams,

Subject: Financial Report and new Request

Please find Financial Report and new Request for Development Partners Support for GTP Implementation project of MOFEC.



UN Agencies, CRGE Facility &
 Regional Economic Cooperation
 Directorate Coordinator
 Admasu Beyisa

Yours Sincerely,

UNDP Country Addis Ababa	Received Date	24 OCT 2017
FILE	INFO	ACTION
8801300	10	DAG

Ref.No. UNDA/1/38
 Date 24 OCT 2017

Funding Authorization and Certificate of Expenditure

UN Agency: UNDP

Date: 23-Oct-17

Country: Ethiopia
 Program Code & Title: Phase IV Development Partners Support for GTP Implementation
 Project Code & Title:
 Responsible Officer (s):
 Implementing Partner: MoFEC

Type of Request:
 Direct Cash Transfer (DCT)
 Reimbursement
 Direct Payment

Currency : USD

Salary for AMP Coordinator at MoFEC	
Total	

Coding for UNDP, UNEPA and Account		Fund

Authorised Amount DD-MM-YY	Actual Project Expenditure	Expenses Accepted by D=A-C	Balance
36,000.00	36,000.00		
36,000.00	36,000.00		

New Request Period & Amount	Authorised Amount	Outstanding Authorised Amount DD-MM-YY
E	F	G=D+F
36,000.00		
36,000.00		

REPORTING

REQUESTS/AUTHORIZATIONS

CERTIFICATION

The undersigned authorized officer of the above-mentioned implementing institution hereby certifies that:
 The funding request shown above represents estimated expenditures as per AWP and itemized cost estimates attached.
 The Actual expenditures for the period stated herein has been disbursed in accordance with the AWP and request with itemized cost estimates. The detailed accounting documents for these expenditures can be made available for examination, when required for the period of five years from the date of the provision of funds.
 Date Submitted : October 23, 2017

Name: _____ Title: Program Coordinator
 Signature: _____ Stamp: _____

NOTES: Shaded areas to be completed by the UN Agency and For Agency Use Only

FOR ALL AGENCY

Approved by: _____

Name: _____ Title: _____ Date: _____

Account Changes:	Agencies:	Liquidation information:
Cash Transfer/reference:	CRG ref. No.:	DCT Reference:
Training	Meeting & Conferences	Other Cash Transfers
Total		

For UNDP/UNFPA USE ONLY	
New Funding Release	
Total	