PROJECT COMPLETION CHECKLIST

Country Office: <u>LE</u>	SOTHO			
Project No.: <u>001129</u> 4	41	Output No.:	00111234	
Project Description:	Integrated Wa	tershed Mana	agement	

1020 90 MAX # 90 SERVINGS 190	
YES	I confirm that all of the following matters have been considered and resolved: No outstanding NEX advances – in either local currency or USD
YES	No outstanding PDRs
YES	No open Purchase Orders
YES	No Receipt Accruals
YES	No outstanding commitments
YES	No pending prepayments and other non PO advances
YES	All pre-financing activities have been recovered and/or reimbursed
YES	No pending GMS or Direct Project Charging (formerly ISS). (If Off-the-top GMS was used, extra-budgetary income taken must be reconciled to actual expenses/delivery. A pro-rata return of GMS based on the balance of unspent funds must be done.)
YES	No pending GLJEs
YES	No unapplied deposits or other unrecorded revenue
YES	No outstanding Accounts Receivable to be received from donors per signed agreements
YES	No AR direct journals in budget error or incomplete status
N/A	All assets are transferred or otherwise disposed of. Asset transfer letters/ documents are in place
N/A	Ensure all transactions for sale/transfer/donation/disposal etc. of assets have been processed and GMS charged
N/A	All items held as inventory should be distributed or transferred to recipient or returned to donor as specified in the donor agreement
N/A	All project petty cash is cleared

N/A	Project bank account is fully reconciled and closed
N/A	All accrued employee benefits are fully accounted
YES	No other pending liabilities
YES	The CDR for the previous quarter shows zero future expenses (commitments).
N/A	Final LPAC/ steering committee minutes are available
N/A	All audit observations are closed with supporting documentation.
YES	The final CDR is signed by UNDP and the Implementing Partner. Final report submitted by responsible parties.
N/A	If a cost sharing project, the unexpended balance has been agreed to the general ledger.

Proi	ect	Manager:	LIMOMANE PES	HOANE
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Signature:	limomane Peshoane	Date:	27-Sep-2020	

Name: <u>BETTY WABUNOHA</u>

Title: Resident Representative

Signature: Betty Wabunoha Date:

The check list must be signed by the Resident Representative/Head of Office or a senior official designated by the Resident Representative/Head of Office.

