

Date:

A. Statement of Receipts and Payments

Project No.: _____

Project Title: _____

Receipts

- I.1 Balance (surplus or deficit) of last statement **+ / -**
- I.2 MISEREOR disbursement(s) EUR _____
- I.3 Third-party contribution(s)
- I.4 Local contribution(s)
- I.5 Interest earned
- I. Total receipts**
- II. Total converted from USD to national currency in period under review**
- III. Amount available in period under review; in USD: I. - II. (subtract); in national currency: I. + II. (add together).**

Period under review		Total period from project commencement to date	
from _____ to _____	from _____ to _____	i.e. from _____ to _____	i.e. from _____ to _____
USD	national currency	USD	national currency

Payments (itemised according to cost plan)

- IV.1 _____
- IV.2 _____
- IV.3 _____
- IV.4 _____
- IV.5 _____
- IV.6 _____
- IV.7 _____
- IV.8 _____
- IV. Total payments**
- V. Balance (III. - IV.) **+ / -****
- VI. Reconciliation of balances:**
 bank
 cash
 sundries (cheques not yet cashed, advance payments, loans etc.; if necessary, please explain)

Please add your up-to-date annual narrative report or, as applicable, a brief overview of the activities implemented in the period under review (cf. Guidelines for Narrative and Financial Reporting).

To request release of a further instalment, please use the Request for Disbursement of Next Instalment form below/overleaf (not applicable if this is your final Statement of Receipts and Payments).

p.t.o.

B. Request for Disbursement of Next Instalment

In order to be able to continue implementing the project during the next 6 months, we will need further funds. Taking into account the Statement of Receipts and Payments above/overleaf, we estimate our requirements for the 6 months to come as follows, and hereby request MISEREOR to transfer the amount stated.

Technical details for disbursement

- a) Number of the project bank account
account
(International Bank
Account Number (IBAN),
if available) _____
- b) Full name and address
of bank account holder

- c) Currency of the bank account _____
- d) Full names of authorised
signatories

- e) Full name and address of the
bank

- f) SWIFT/BIC (Bank Identifier Code)
of the bank _____

Estimated requirement in national currency for the 6-month period from _____ to _____
(including payments which are expected to be covered by third-party or local contributions):

Item	Amount in national currency
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
Estimated total amount of expected payments	_____
a) Less proportional local contribution (%)	_____
b) Less third-party contribution/s	_____
c) Less balance from previous disbursement	_____
Amount requested from MISEREOR	=====

Place and date

Signature(s) of representative(s) of the Legal Holder or of authorised third party