Bischöfliches Hilfswerk MISEREOR e. V. Postfach 10 15 45 52015 AACHEN GERMANY Phone: +49 0241-442-0 Fax: +49 0241-442-188

Date:

Statement of Receipts and Payments

Project No.:			
Project Title:			
		Period under review from to	Total period from project commencement to date i.e. from to
<u>Receipts</u>		Amounts in national currency	Amounts in national currency
l.1	Balance (surplus or deficit) of last statement + / -		
1.2	MISEREOR disbursement(s)		
1.3	Third-party contribution(s)		
1.4	Local contribution(s)		
1.5	Interest earned		
I.	Total receipts		
Payments (itemised according to cost plan)			
II.1			
II.2			
II.3			
11.4			
II.5			
II.6			
II.7			
11.8			
II.	Total payments		
III. IV.	Balance (I II.) + / - 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 (not applicable if this is your final Statement of Receipts and Payments).