

# HORTICULTURAL CROPS DEVELOPMENT AUTHORITY

## HORTICULTURAL RESEARCH FUND (HRF)

### FORM HRF 005- EXPENDITURE REPORT

Expenditure report and request for  
Additional payment (to be submitted quarterly with certified copies  
Of accounting documents and progress reports)  
Principal Investigator:

Project Title:

Contract No:

Participating/Host Institution

A. Expenditure report

Item	Months (identify as months 1,2,3,4,5,6, etc)			Total
	Month_	Month _____	Month _____	
1.Wages/fees/allowance				
2 Travel				
(a) Domestic				
i) Subsistence				
ii ) transport				
(b) International				
1. Equipment				
2. Expendable supplies				
3. Postal/telephone charges				
4. Literature				
5. Printing/Publication				
6. Seminars/Workshops				
7. Maintenance				
8. Miscellaneous				
Total				

B. Balance from last expenditure report Ksh. \_\_\_\_\_

C. Last payment Kshs \_\_\_\_\_.

D. Total amount to be accounted for (B+C) Kshs \_\_\_\_\_

E. Balance (D minus total expenditure )Kshs. \_\_\_\_\_

F. Request for additional payment to cover the following six months:  
 Month \_\_\_\_\_ Month \_\_\_\_\_ Month \_\_\_\_\_  
 Month \_\_\_\_\_ Month \_\_\_\_\_ Month \_\_\_\_\_  
 Total additional payment requested Kshs. \_\_\_\_\_  
 G. Amount to be paid (total additional payment requested less balance) Kshs.

CERTIFICATION

(a) I certify that the funds have been according to the approved work plan and reporting made in accordance with HCDA guidelines

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Principal Investigator)

(b) I certify that the funds have been used on eligible items in the approved work plan and that the funds have been accounted for according to the institutions accounting systems.

Signed \_\_\_\_\_ Title \_\_\_\_\_  
 (For institution)

Date \_\_\_\_\_

1, EXAMINATION

(a) I have examined the expenditure detailed above and I hereby make the following observations and recommendations.

(i) Observations

(ii) Recommendations

Signed \_\_\_\_\_ date \_\_\_\_\_  
 (Chief Accountant HCDA)

B. AUTHORISATION

(a) According to the observation and recommendations made under (I), I hereby authorize payment of kshs. \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (HRF Steering Committee)