EXHIBIT- B (2)

STATEMENT OF EXPENDITURE

PROJECT NO;

IL OR GRANT NUMBER:

PERIOD COVERED:

NO;	APPROVED BUDGET LINE ITEM	BUDGET AMOUNT		DISBURSEMENT			
		US Dollar Per Grant	Local Currency (_____)	Cummulative thru' (_____)	This period From: _____ To: _____	Cummulative thru' (_____)	Estimated for Next _____ days
1							
2							
3							
4							
5							
6							
7							
8							
	TOTAL						

I certify that this report is true in all respects:

That all disbursement have been made for the purpose and conditions of the grant agreement.

That payment is due and has not previously been requested.

That records and supporting documents , e.g receipts , invoices, inventory records etc are on file in the office of _____ and are available for review by U.S Government representative upon request.

Signature: _____

Name: _____

Title: _____

Date: _____