

BUDS REIMBURSEMENT CLAIM INSTRUCTIONS

Dear BUDS Client:

Before filling out the claim details on the opposite side of this sheet, please read and understand the instruction below:

Category A

Signature of claimant attesting to the validity of the claim and backing receipts and documents submitted.

Category B

List of deliverables submitted.

Category C

Reimbursement Claim Table.

1. Attach all receipts and documentation that supports your claim. Self-generated receipts are not acceptable. Receipts must identify the issuer by letterhead and/or stamp.
2. Follow the order of the approved budget **items** that we have agreed to.
3. Number receipts sequentially (1, 2, 3, etc.) by hand and refer to these numbers in the right hand column (see column D in sample table).
4. Where "flat" allowances are permitted by our approved budget (typically, per diems during travel periods), the days must be accounted for by dated boarding passes, hotel receipts, etc. Though "flat" UNDP rates may sometimes be given for short, overseas travel, the hotel portion will not be paid if an official hotel receipt is not submitted.
5. Where an "eligible contingencies" column is used, reimbursement will be made only against those items that a) BUDS deem eligible and b) are officially receipted.
6. The claim must be entirely in Uganda shillings .
7. We cannot ever exceed a 50% reimbursement of the entire approved budget; however, exceptionally, we may allow underused line estimates to be switched to overused ones. Your claim letter must request this and give an acceptable rationale for BUDS to accept to do so, however. Therefore, please fill in complete amount used and documented in "Amount Claimed" column.
8. The hypothetical example shown in the Sample Table below is to illustrate how you can complete the claim form overleaf. The example, in this case, illustrates a client filing a claim for a training activity.

SAMPLE TABLE

Column A	Column B	Column C	Column D	Column E
Item / Description	Budgeted Amount (UShs.)	Actual Amount Spent (UShs.)	Amount Claimed – 50% (UShs)**	Receipt Nos.
1. Consultant / trainers' fees	550,000	550,000	275,000	1
2. Hire of training venue (Hall)	100,000	100,000	50,000	2
3. Hire of Demonstration materials	100,000	80,000	40,000	3
4. Training materials	200,000	150,000	75,000	4
Total	950,000	880,000	440,000	

**** Note:**

The amount that you claim should be 50% of the actual agreed upon activity expenses. In the Sample Table above UShs. 950,000 was agreed upon for the farmers' training activity and half of this amount, i. e . UShs. 475,000, allocated as the maximum amount to be reimbursed to the farmers after the training (see Column B of sample table). However, during implementation of the activity Shs. 880,00 was actually spent. This means that the farmers submit a report and claim of half of what they actually spent, i. e. UShs. 440,000 (see Column D of sample table).

BUDS REIMBURSEMENT CLAIM FORMName of client (enterprise, limited company, business association, etc.):

Agreement No. / dated: _____ / _____ Today's date: _____

Category AI hereby attest that this claim and receipts and documents enclosed are genuine and represent costs for the approved budget of agreement with **BUDS**.

Signed: _____ Date: _____

Name in block letters: _____

Category BList of deliverables enclosed:

_____**Category C****Very Important: Please read the following carefully before completing the table below:**

- Please arrange and attach all deliverables / documentation including reports, receipts, tickets and jackets, boarding passes, photographs, lists, contacts, etc. as indicated in the approved budget provisions and letter of agreement.
- Complete the table below, clearly showing how much was spent on each approved expenditure item.
- Number receipts sequentially (that is; 1, 2, 3, etc.).
- Indicate the currency of the amounts claimed in Uganda Shillings and any foreign currency exchange rates used where applicable, attaching official foreign exchange receipts.
- Use an extra sheet of paper to provide any additional relevant information.

Reimbursement Claim Table:

Item / Description	Budgeted Amount	Amount Spent	Amount Claimed (50%)	Receipt Numbers
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total				