

Funding Authorization and Certificate of Expenditures

Implementing Partner (IP): **MINISTRY OF FINANCE**
 Programme Area: **Governance**
 Project Code & Title: **00114119 & SDG Aligned budgeting to transform employment in Mongolia**
 Responsible Programme Officer: **Barkhas Losolsuren**
 Bank Name of IP: _____
 Bank Account of IP: _____

UN Agency: **UNDP Mongolia**

Date: **2-Jun-2021**

Type of Request:

- ☐ Direct Cash Transfer (DCT)
☐ Reimbursement
☐ Direct Payment

Currency: MNT

Activity Description from AWP with Duration		Output		Fund and Donor codes can be added.		Approved amount		REPORTING for JUNE					REQUESTS/AUTHORIZATIONS for JUNE			Unfunded amount from WP			
				Account and Donor	Fund	H		A	B	C	Unused/overspent Balance	Expenditures accepted by UNDP	New Request Period & Amount	Authorised Amount by UNDP	Outstanding Authorised Amount				
								E									F	G = F + D	
Activity_Rapid Response		6		71300	30079	176,390,000.00							17,070,000.00	17,070,000.00					
Local consultants		1.4		75700	30079	36,086,578.95							18,043,289.47	18,043,289.47					
Training and Consultative meetings		1.4		71600	30079	30,530,343.86							15,265,171.93	15,265,171.93					
Travel		1.4		73100	30079	23,957,894.74							7,985,964.91	7,985,964.91					
Rent		1		74500	30079	2,223,392.46							370,598.68	370,598.68					
Miscellaneous																			
Total						269,188,210.00							58,735,025.00	58,735,025.00					
CERTIFICATION																			

The undersigned authorized officer of the above-mentioned implementing institution hereby certifies that:

- ☐ The funding request shown above represents estimated expenditures as per A/QWP and itemized cost estimates attached.
☐ The actual expenditures for the period stated herein has been disbursed in accordance with the A/QWP and request with itemized cost estimates. The detailed accounting documents for these expenditures can be made available for examination, when required.

Date Submitted: _____

Name : **Naranstogt Sanjaa**

Title: **State Secretary**

NOTES: * (Shaded areas to be completed by the UNDP and non-shaded areas to be completed by the IP or PIU)

OR UNDP USE ONLY:

Date Approved: _____

Name (RR): **Elaine Conkievich**

Title: **Resident Representative**