

CERTIFICATE ON RECEIPT OF FUNDS

Project/programme Title: Child Guarantee: Equipping kindergartens and schools for better educational outcomes of disadvantaged pre-schoolers and primary school students in Medjimurje county

Funds Received on (date): 20/02/2023.

Amount Received (Euros): 4.590,00 Euros

This is to certify that:

Dječji vrtić POTOČNICA Mala Subotica

(name of the organisation)

has received the above amount, on the basis of our cash advance / reimbursement request:

FACE request, Ref. No.: _____

from (date): _____

The abovementioned funds represent payment of the Direct Cash Transfer in respect of the project/programme: Child Guarantee: Equipping kindergartens and schools for better educational outcomes of disadvantaged pre-schoolers and primary school students in Medjimurje county.

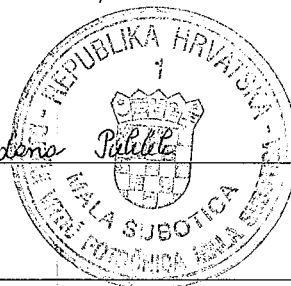
(title of the project/programme)

We hereby confirm that the quarterly expenditure related to the abovementioned project/programme will be settled/reported on, after 3 months from the date on which the funds were received, and not later than 6 months.

Authorized person: Lana Puklek

Signature: _____

Official Seal: _____



Date: **24/02/2023.**

Funding Authorization and Certificate of Expenditures

Type of Request:
X Direct Cash Transfer (DCT)
Reimbursement
Direct Payment

Country: Croatia Country Programme (2023 - 2027)
Programme Code & Title: 1030/A0/08/001/001/002 Advocacy and technical support with the MoE
Project Code & Title: Child Guarantee - Capacity building of schools and kindergartens
Responsible Officer (UNICEF): Ivana Čosić
Responsible Officer (IP): Lana Pušlek
Implementing Partner: Dječji vrtić Potoknica
Account Number: HR4523900011101268773

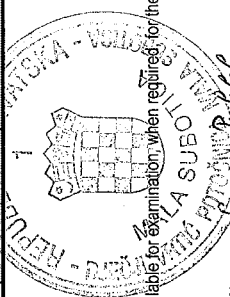
Currency: EUR

Reporting table with columns: Authorised Amount (A), Actual Project Expenditure (B), Expenditures accepted by Agency (C), Balance (D=A-C), New Request Period & Amount (E), Authorised Amount (F), Outstanding Authorised Amount (G=D+F)

CERTIFICATION

The undersigned authorized officer of the above-mentioned implementing institution hereby certifies that:
[X] The funding request shown above represents estimated expenditures as per AWP/LoA and itemized cost estimates attached.
[] The actual expenditures for the period stated herein has been disbursed in accordance with the AWP and request with itemized cost estimates. The detailed accounting documents for these expenditures can be made available for examination when required for the period of five years from the date of the provision of funds.

Date Submitted: 9.2.2023 Name: Lana Pušlek Title: Head Teacher Signature: Lana Pušlek



NOTES: * Shaded areas to be completed by the UN Agency and non-shaded areas to be completed by the counterpart.

FOR AGENCY USE ONLY:

Table for Agency Use with fields: Certified by (name), Title, Signature, Approved by (name), Title, Signature, Date.

Table with columns: Account Charges, Cash Transfer Reference, and Liquidation Information (DCT Reference, Face No., Install. Amt., Liq. Amt.).

Table for UNFPA Use Only with columns: New Funding Release, Activity 1, Activity 2, Total, #REF!, FACE Form - FFE.