**RECEIVING FORM FOR PUBLIC ENTITIES WITH PENDING BILLS FROM 1ST JULY 2005 TO 30TH JUNE 2022**

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| **Name of Ministry: ……………………………………………………………………………………………….............** |
| **State Department: ………………………………………………………………………………………………………...** |
| **State Agency /Project/Other……………………………………………………………………………………………...** |
|  |
| **DETAILS OF SUBMITTED PENDING BILLS** |
| **TOTAL NO. OF BILLS……………………………………………………………………………………****VALUE OF BILLS (Ksh.)………………………………………………………………………………** |
| **OF WHICH:-** |
| **GOODS PENDING BILLS**1. **No. of Bills………………………………………………………………………………….**
2. **Value of Bills (Ksh.) …………………………………………………………………..**
 |
| **NON-CONSULTING SERVICES PENDING BILLS**1. **No. of Bills………………………………………………………………………………….**
2. **Value of Bills (Ksh.) …………………………………………………………………………….**
 |
| **WORKS PENDING BILLS**1. **No. of Bills………………………………………………………………………………….**
2. **Value of Bills (Ksh.)…………………………………………………………………………….**
 |
| **CONSULTING SERVICES PENDING BILLS**1. **No. of Bills………………………………………………………………………………….**
2. **Value of Bills (Ksh.)…………………………………………………………………………….**
 |
| **EMPLOYEE AND LABOUR PENDING BILLS**1. **No. of Bills………………………………………………………………………………….**
2. **Value of Bills (Ksh.)…………………………………………………………………………….**
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| **COMPENSATION TO PERSONS INJURED BY WILD ANIMALS PENDING BILLS**1. **No. of Bills………………………………………………………………………………….**
2. **Value of Bills (Ksh.)…………………………………………………………………………….**
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| **COMPENSATION TO PERSONS KILLED BY WILD ANIMALS PENDING BILLS**1. **No. of Bills………………………………………………………………………………….**
2. **Value of Bills (Ksh.) …………………………………………………………………………….**
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| **COMPENSATION TO DOMESTIC ANIMALS KILLED BY WILD ANIMALS PENDING BILLS**1. **No. of Bills………………………………………………………………………………….**
2. **Value of Bills (Ksh.)……………………………………………………………………………..**
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| **COMPENSATION FOR DAMAGED CROPS PENDING BILLS**1. **No. of Bills………………………………………………………………………………….**
2. **Value of Bills (Ksh.)………………………………………………………………………………**
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| **COMPENSATION TO INJURED GOVERNMENT OFFICERS PENDING BILLS**1. **No. of Bills………………………………………………………………………………….**
2. **Value of Bills (Ksh.)………………………………………………………………………………**
 |
| **SUBMITTED BY** |
| **Name of Person Submitting the Bill(s)/Claim(s) ………………………………………………………………………………………****ID NO: …………………………………………………………………………………………………………………………****Signature: …………………………………………………….Date: ….................................................................** |
| **RECEIVED BY:** |
| **Name …………………………………………………………………………………………………………………..****Designation………………………………………………………………………………………………………….****Signature: ………………………………………………Date: ….................................................** |