**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.)…………………………………………………………………………….** |
| **COMPENSATION TO PERSONS INJURED BY WILD ANIMALS PENDING BILLS**   1. **No. of Bills………………………………………………………………………………….** 2. **Value of Bills (Ksh.)…………………………………………………………………………….** |
| **COMPENSATION TO PERSONS KILLED BY WILD ANIMALS PENDING BILLS**   1. **No. of Bills………………………………………………………………………………….** 2. **Value of Bills (Ksh.) …………………………………………………………………………….** |
| **COMPENSATION TO DOMESTIC ANIMALS KILLED BY WILD ANIMALS PENDING BILLS**   1. **No. of Bills………………………………………………………………………………….** 2. **Value of Bills (Ksh.)……………………………………………………………………………..** |
| **COMPENSATION FOR DAMAGED CROPS PENDING BILLS**   1. **No. of Bills………………………………………………………………………………….** 2. **Value of Bills (Ksh.)………………………………………………………………………………** |
| **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: ….................................................** |