



FORM 2 – MP ALLOCATION ACQUITTAL & RECEIPT REGISTER

Section 1: Basic Information

MP Name: _____

Constituency: _____

Financial Year (FY): _____

Total Approved (VT): _____

Date Paid: ____ / ____ / 20____

Section 2: Summary of Expenditure

Total Spent (VT): _____

Unspent Balance (VT): _____

Returning unspent funds

Section 3: Receipt Register

(We can supply a longer table and / or an excel spreadsheet)

#	Date	Supplier Name	Category	Payment Method	Amount (VT)	Receipt No.

Total Spent (VT): _____

Section 4: Conflict of Interest Declaration

- No issue
 Yes – details provided in Annex
-

Section 5: Certification

I certify that the above expenditures are accurate and that all supporting receipts are available and on file.

MP Signature: _____

Date: ____ / ____ / 20____

Office Use Only

- Verified – OK
 Issue identified – see details attached

Official Name: _____

Attachment: Receipt + photo register (blank)

Evidence type	Reference code	Date	Amount VT (if any)	What it proves (tick)
Receipt	R-01	__/__/____	_____	<input type="checkbox"/> payment <input type="checkbox"/> delivery <input type="checkbox"/> service done
Invoice	I-01	__/__/____	_____	<input type="checkbox"/> cost
Photo	P-01	__/__/____	—	<input type="checkbox"/> before <input type="checkbox"/> after <input type="checkbox"/> meeting
Completion cert	C-01	__/__/____	—	<input type="checkbox"/> works complete