

**BUKEDEA CHARITABLE INCORPORATED COMMUNITY ORGANIZATION**

**P.O.BOX 308 *TEL: 0786672835, 0779155482 Email: cicouganda940@gmail.com***

**Date………………..……**

**GIFT BUDGET FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHILD, S NAME |  | | CHILD’S NO | |  |
| TYPE OF GIFT | **Family Christmas Gift** | | TOTAL AMOUNT | | **$25** |
| TOTAL AMOUNT OF GIFT IN WORDS  **Twenty five** | | | | | |
| Rational For Issuing Out The Gift | | | | | |
| **Items Budgeted for the Gift Expenditure** | | | **Cost per Unit** | | **Total Amount** |
| Clothing | | | $10 | | $10 |
| Shoes | | | $4 | | $4 |
| Hen | | | $6 | | $6 |
| Meat | | | $5 | | $5 |
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| **Total amount budgeted** | | | **$25** | | **$25** |
|  | | | | | |
| PARTIES INVOLVED IN GIFT DISBURSMENT | | | | | |
| **TITLE** | | **NAME** | | **SIGNATURE** | |
| BENEFICIARY | |  | |  | |
| CAREGIVER | |  | |  | |
| CPC /ZONAL LEADER | |  | |  | |
| STAFF GUDING | |  | |  | |

ISSUED BY…………………………………. TITLE……………………………… SIGN……………..

RECEIVED BY…………………………….....TITLE………………………………. SIGN……………

NOTE

After this form has been filled it should be kept in the child’s folder for accountability and for follow up of purpose.

The information here in should not differ from information sent to the sponsor during gift acknowledgement.

Due to their sensitivity beneficiaries’ gifts should be handled with the high integrity level possible.