CASHFLOW QUARTERLY STATEMENT (to be submitted by Group 2 Departments)

Group:	**2**	**Annex**	**2**

Ministry/Department:

Vote:

Quarter:

Week:	1	2	3	4	5	6	7	8	9	10	11	12	13
Receipts													
Payments													
Balance (Receipts less payments)													

Note: **to be submitted by not later than one working week prior to the start of each quarter**