

QUARTERLY RETURNS FOR SUBSIDY IN RESPECT OF DAY CARE CENTRE (CRECHE)

SUBSIDY CLAIM FOR THE: **First/ 1st**

QUARTER: **2026**

NAME OF DAY CARE CENTRE: **BETHEL CRECHE & PRE-SCHOOL**

SECTION A

POSTAL ADDRESS

Box: **1698**

Town: **HAZYVIEW**

Code: **1242**

Tel no: **066 238 2295**

Contact Person: **NDLOVU SS**

Bank Name: **FNB**

Account number: **62499349639**

RESIDENTIAL ADDRESS

Street: **STAND NO.: 1122 SANDRIVER**

Town: **HAZYVIEW**

Code: **1242**

Fax no: **N/A**

Cell no: **066 238 2295**

Town: **HAZYVIEW**

Branch Code: **271-152**

SECTION B

NUMBER OF CHILDREN ATTENDED DURING THE QUARTER AS PER ATTENDANCE REGISTER.

NUMBER OF CHILDREN

110

NUMBER OF ATTENDANCE'S

163

AMOUNT OF SUBSIDY

R 174,240.00

I declare that the above information is correct and a true reflection of the financial position

SECTION C

CHAIRMAN

DATE

TREASURER

DATE

MANAGER

DATE



INCOME/EXPENDITURE FOR THE: First/ 1stQUARTER: 2026NAME OF DAY CARE CENTRE: BETHEL CRECHE & PRE-SCHOOL

	RECEIPTS	DEPOSITS	EXPENDITURE
Cash book balance b/forward	104.56	104.56	
Receipts: to			
INCOME:			
Subsidy	174,240.00		
Other (specify)	13,800.00		
TOTAL DEPOSITS	188,040.00		
TOTAL		188,144.56	
EXPENDITURE:			
Salaries			59,696.00
UIF			1,193.92
Service Bonus			N/A
Rent			N/A
Telephone			2,500.00
Electricity/Wood/Coal			5,000.00
Butchery			4,809.89
Bakery			1,781.68
Fruit and Vegetables			3,000.00
Dairy			3,431.81
Groceries			63,348.19
Stamps and Stationary			9,243.88
Repairs and Maintenance			6,585.00
Petty Cash			N/A
Material			10,019.25
Equipment			14,999.00
Transport			1,423.00
Bank charges			1,055.61
OTHER - specify:			N/A
Donations -Food, material, etc.			
TOTAL EXPENDITURE			188,087.03
BALANCE C/FORWARD			57.53 Dr
TOTAL		188,144.56	188,087.03

I declare that the above information is correct and a true reflection of the financial position of the project

A COPY OF THE COMMITTEE'S MINUTES DATED 202

AND BANK STATEMENT ARE ATTACHED

MANAGER: _____ CHAIRMAN: _____ TREASURER: _____

DATE: _____ DATE: _____ DATE: _____

PETTY CASH EXPENDITURE FOR THE: First/ 1st**QUARTER 2026**

NAME OF DAY CARE CENTRE: BETHEL CRECHE & PRE-SCHOOL

(Petty cash book expenditure must be a true reflection of petty cash entries)

1. Petty cash balance b/fwd:

2. Petty cash supplementary withdrawal:

DATE	REFERENCE NO	AMOUNT
TOTAL		

3. Expenditures:

Stationary	N/A
Trans ort	N/A
Stamps	N/A
Milk	N/A
Bread	N/A
Cleaning materials	N/A
Fruit and Vegetables	N/A
	N/A
Other (specify)	N/A
	N/A
	N/A
	N/A
	N/A
	N/A
TOTAL PETTY CASH EXPENDITURE PETTY CASH BALANCE C/F-WD TOTAL	N/A
	N/A
	N/A
	N/A

I declare that the above information is correct and a true reflection of the financial position of the project

MANAGER: _____

DATE: _____

CHAIRMAN: _____

DATE: _____

TREASURER:

DATE: _____

BANK RECONCILIATION STATEMENT FOR THE First/ 1st**QUARTER 2026****NAME OF DAY CARE CENTRE: BETHEL CRECHE & PRE-SCHOOL**

BALANCE B/FWD	R 104.56
+ INCOME	R 188,040.00
	R 188 144.56
+ INTEREST RECEIVED	R 0.00
	R 188 144.56
- EXPENDITURE	R 187,031.42
	R 1 113.14
- BANK CHARGES	R 1,055.61
= CASH BOOK BALANCE	R 57.53 Dr
	R
+ OUTSTANDING CHEQUES:	R
Cheque no Amount	R
Cheque no Amount	R
Cheque no Amount	R
Cheque no Amount	R
Cheque no Amount	R
Cheque no Amount	R
Cheque no Amount	R
Cheque no Amount	R
	R
= BANK STATEMENT BALANCE	R 57.53 Dr

I declare that the above information is correct and a true reflection of the financial position of the financial position

MANAGER: _____**DATE:** _____**CHAIRMAN:** _____**DATE:** _____**TREASURER:** _____**DATE:** _____