

**ATTACHMENT A : HOUSEHOLD MATRIX FOR COMPUTATION OF
RETROACTIVE PAYMENTS**

CLUSTER ENDORSEMENT OF RETROACTIVE PAYMENTS				
Name of Grantee:				
Household ID Number:				
Name of HH Member	Period Year:_____	Amount		
		Education	Health	Sub-Total
<i>Member 1</i>	Dec Jan			
	Feb Mar			
	April May			
	June July			
	Aug Sept			
	Oct Nov			
	Sub-Total			
<i>Member 2</i>	Dec Jan			
	Feb Mar			
	April May			
	June July			
	Aug Sept			
	Oct Nov			
	Sub-Total			
<i>Member 3</i>	Dec Jan			
	Feb Mar			
	April May			
	June July			
	Aug Sept			
	Oct Nov			
	Sub-Total			
	Total			
	Grand Total			

Prepared by:

Municipal Link/SWA

Signature over printed name