附件1：

**部门整体支出绩效运行跟踪监控管理表**

（ 2018年度）

填报单位：（盖章） 东安县物资事务管理办公室 金额单位：万元

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| 单位名称 | | | | 东安县商业事务管理办公室 | | | | | | | | | 单位负责人 | | | | | 刘福元 | | | | |
| 人员编制数 | | | | 10 | | | | | | | | | 实有人数 | | | | | 10 | | | | |
| 跟踪期限 | | | |  | | | | | | | | | | | | | | | | | | |
| **单位年度收入** | | | | | | | | | | | | | | | | | | | | | | |
| 年初部门预算 | | | | | | | | | | | | 年初结余 | | | 年中预算调整数 | | | | | | 预算调整率 | |
| 收入合计 | | 预算内拨款 | | | | | | 非税收入 | | 其他拨款 | |
| 146.1025 | | 118.1025 | | | | | | 28.00 | |  | |  | | |  | | | | | |  | |
| **年中预算调整** | | | | | | | | | | | | | | | | | | | | | | |
| （列明年中预算调整内容及金额） | | | | | | | | | | | | | | | | | | | | | | |
| **单位年度支出** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 支出合计 | | | | | 基本支出 | | | | | | 项目支出 | | | | | |
| 年初部门预算 | | | | | | 146.1025 | | | | | 146.1025 | | | | | |  | | | | | |
| 实际发生支出 | | | | | | 146.1025 | | | | | 146.1025 | | | | | |  | | | | | |
| 结余 | | | | | |  | | | | |  | | | | | |  | | | | | |
| **其中：三公经费** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 公务接待费 | | | | 公务用车运行和购置费 | | | | | 因公出国（境）费 | | | | | | 三公经费合计 | | |
| 年初预算安排数 | | | | | 7.00 | | | |  | | | | |  | | | | | | 7.00 | | |
| 实际发生支出 | | | | | 7.00 | | | |  | | | | |  | | | | | | 7.00 | | |
| 结余 | | | | |  | | | |  | | | | |  | | | | | |  | | |
| 绩效目标完成情况 | 1、按时完成了县委、县政府交办的各项工作任务。  2、维护了物资系统的稳定。 | | | | | | | | | | | | | | | | | | | | | |
| 其中 | | 一级指标 | | | | 二级指标 | | | 指标内容 | | | | | | 指标值 | | | 完成情况 | | | 完成率 |
| 目标1 | | 产出指标 | | | |  | | |  | | | | | |  | | |  | | |  |
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| 效益指标 | | | |  | | |  | | | | | |  | | |  | | |  |
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| 绩效目标完成情况 | 目标2 | | 产出指标 | | | |  | | |  | | | | | |  | | |  | | |  |
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| 效益指标 | | | |  | | |  | | | | | |  | | |  | | |  |
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| 存在问题及绩效目标出现偏差的原因 | | | | 2017年我办预算整体支出虽然保证了正常运行和职能履行，但在预算编制和执行中存在一些问题，内控管理有待加强，公用经费控制待进一步加强。 | | | | | | | | | | | | | | | | | | |
| 整改措施及下一步建议 | | | | 针对存在的问题，我办将合理安排使用财政预算资金，严格执行财政纪律，增强预算的约束力，按原则给予支出。 | | | | | | | | | | | | | | | | | | |
| 县财政局归口业务股室审核意见 | | | | （公章）  年 月 日 | | | | | | | | | | | | | | | | | | |
| 县财政局预算绩效管理股意见 | | | | （公章）  年 月 日 | | | | | | | | | | | | | | | | | | |

单位负责人（签章）：刘福元 填报人（签章）： 彭叶飞

联系电话：13036775894 填报日期：2018年11月22日