Monthly Report as per the Division of Revenue Act

Municipality Name	KOUGA LOCAL

Budget Allocation for 2018-19 FY	R	1 000 000
Accumulated Expenditure	R	356 150
Available Balance	R	643 850

Financial Year	2019-20
Month End	Nov-19

Financial Accounting for Grant Funds Received and Expended

	July	August	September	October	November	December	January	February	March	April	May	June	Total
Received Prior Months (Current Financial Year)	R -	R -	R 250 000	R 250 000	R 250 000	R -	R -	R -	R -	R -	R -	R -	
Received in the Current Month	R -	R 250 000	R -	R -	R 450 000								R 700 000
Total EPWP funds Received	**R -**	**R 250 000**	**R 250 000**	**R 250 000**	**R 700 000**	**R -**	**R -**	**R -**	**R -**	**R -**	**R -**	**R -**	**R 700 000**
Spent Prior Months (Current Financial year)		R 58 682	R 162 024	R 247 993	R 310 954								
Spent in the Current Month	**R 58 682**	**R 103 342**	**R 85 969**	**R 62 961**	**R 45 196**	**R -**	**R -**	**R -**	**R -**	**R -**	**R -**	**R -**	R 356 150
Compensation of Employees	*R 58 682*	*R 103 342*	*R 85 969*	*R 62 961*	*R 45 196*								R 356 150
Goods and Services													R -
Machinery and Equipment													R -
Accumulated EPWP Expenditure	**R 58 682**	**R 162 024**	**R 247 993**	**R 310 954**	**R 356 150**	**R -**	**R -**	**R -**	**R -**	**R -**	**R -**	**R -**	**R 356 150**
Total EPWP funds Received and Not Spent	**R -58 682**	**R 87 976**	**R 2 007**	**R -60 954**	**R 343 850**	**R -**	**R -**	**R -**	**R -**	**R -**	**R -**	**R -**	**R 343 850**
Expenditure as % of received amount	0%	65%	99%	124%	51%	0%	0%	0%	0%	0%	0%	0%	
Funds Currently Committed but Not Spent													R -
Scheduled Transfers Withheld													R -

Expenditure on Approved Rollover

Approved Rollover	July	August	September	October	November	December	January	February	March	April	May	June	Total
R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -
Compensation of Employees													R -
Goods and Services													R -
Machinery and Equipment													R -

Comments:

(Print Name Below)

I, SELWYN THYS

Certify that this report is correct and that this report has been submitted electronically as required.

, The ~~Accounting Officer or~~ Delegate certify that the above information is correct

Signed.....

Dated.....12/12/2019.....