

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 1 000 000
Available Balance	R -

Financial Year	2019-20
Month End	Mar-20

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 700 000	R 700 000	R 700 000	R 1 000 000	R -	R -	R -	
Received in the Current Month	R -	R 250 000	R -	R -	R 450 000	R -	R -	R 300 000	R -				R 1 000 000
Total EPWP funds Received	R -	R 250 000	R 250 000	R 250 000	R 700 000	R 700 000	R 700 000	R 1 000 000	R 1 000 000	R -	R -	R -	R 1 000 000
Spent Prior Months (Current Financial year)		R 58 682	R 162 024	R 247 993	R 310 954	R 442 427	R 632 794	R 1 000 000	R 1 000 000				
Spent in the Current Month	R 58 682	R 103 342	R 85 969	R 62 961	R 131 473	R 190 367	R 367 206	R -	R -	R -	R -	R -	R 1 000 000
<i>Compensation of Employees</i>	R 58 682	R 103 342	R 85 969	R 62 961	R 131 473	R 190 367	R 367 206	R -	R -				R 1 000 000
<i>Goods and Services</i>													R -
<i>Machinery and Equipment</i>													R -
Accumulated EPWP Expenditure	R 58 682	R 162 024	R 247 993	R 310 954	R 442 427	R 632 794	R 1 000 000	R 1 000 000	R 1 000 000	R -	R -	R -	R 1 000 000
Total EPWP funds Received and Not Spent	R -58 682	R 87 976	R 2 007	R -60 954	R 257 573	R 67 206	R -300 000	R -	R -	R -	R -	R -	R -
Expenditure as % of received amount	0%	65%	99%	124%	63%	90%	143%	100%	100%	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 -
<i>Compensation of Employees</i>													R -
<i>Goods and Services</i>													R -
<i>Machinery and Equipment</i>													R -

Comments:

(Print Name Below)

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

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

Signed.....

Dated.....