

**Monthly Report as per the Division of Revenue Act**

**Municipality Name** EC108 Kouga

<b>Budget Allocation for 2022-23 FY</b>	R	1,175,000
<b>Accumulated Expenditure</b>	R	-
<b>Available Balance</b>	R	1,175,000

<b>Financial Year</b>	2022/23
<b>Month End</b>	Jul-22

**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 -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -
Received in the Current Month	R -												R -
<b>Total EPWP funds Received</b>	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -
Spent Prior Months ( Current Financial year)		R -											R -
<b>Spent in the Current Month</b>	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -
<i>Compensation of Employees</i>		R -											R -
<i>Goods and Services</i>	R -	R -											R -
<i>Machinery and Equipment</i>	R -	R -											R -
Accumulated EPWP Expenditure	R -	R -		R -	R -	R -	R -	R -	R -	R -	R -	R -	R -
Total EPWP funds Received and Not Spent	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -	R -
Expenditure as % of received amount		0%	0%	0%	0%	0%	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
<i>Compensation of Employees</i>	R -												R -
<i>Goods and Services</i>	R -												R -
<i>Machinery and Equipment</i>	R -												R -

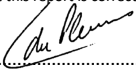
**Comments:**

(Print Name Below)

CHARL DU PLESSIS

, 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..... 25 AUG 2022 .....

  
 RIAAZ LORGAT  
 CHIEF FINANCIAL OFFICER  
 25 August 2022

**material problems experienced by the municipality**

**Municipality( Name)**

**Nature of the Problem**

**Remedial Actions**

**Nature of the Problem**

**Remedial Actions**

**Nature of the Problem**

**Remedial Actions**

Mun Code