

Expanded Public Works Programme Integrated Grant to municipalities
Monthly Report as per the Division of Revenue Act

Municipality Name **Emthanjeni**

| | | |
|----------------------------------|---|-----------|
| Budget Allocation for 2016-17 FY | R | 1 000 000 |
| Accumulated Expenditure | R | - |
| Available Balance | R | 1 000 000 |

| | |
|----------------|---------|
| Financial Year | 2016-17 |
| Month End | October |

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 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | |
| Received in the Current Month | R - | R 250 000 | R - | R - | R - | R - | R - | R - | R - | | | | R 250 000 |
| Total EPWP funds Received | R - | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 |
| Spent Prior Months (Current Financial year) | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | |
| Spent in the Current Month | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - |
| Accumulated EPWP Expenditure | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - |
| Total EPWP funds Received and Not Spent | R - | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | R 250 000 | |
| Expenditure Percentage | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | |
| Funds Currently Committed but Not Spent | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - |
| Scheduled Transfers Withheld | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - | R - |

Comments:

(Print Name Below)

I,,
 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