ANNEXURE B

QUARTERLY REPORTING ON THE PROCUREMENT PLAN

QUARTER: __4___

Name of National Institution: KAROO HOOGLAND MUNICIPALITY

Provincial Treasury: Northern Cape Provincial Treasury Name of Department/ Institution: SCM

Name of Accounting Officer / Delegated Official: JJ Fortuin

Director/ Chief Director SCM: Diana Vermeulen

Telephone number and email address:

Date: 30/06/2021

TABLE 1: ACTUAL AGAINST THE PLAN

No	Project Description	Name of Supplier	Bid Number / Quotation Number	Actual value of Contract	Method of Procurement	Bid advert date	Bid closing date	evaluation start date	evaluation end date	BAC submission date	Award date	contract start date	Contract expiry date
1	APPOINTMENT OF A SERVICE PROVIDER FOR THE PREPARATION OF CASEWARE AND GRAP COMPIANT ASSET REGISTER FOR A PERIOD OF THREE (3) YEAR 2019/2020 2021/22	MUBESKO (PTY) Ltd	KHM T001/06/2020	R651 212.00 (first Year)	Tender	04/06/2020	12/06/2020	16/06/2020	18/06/2020	19/06/2020	30/06/2020	30/06/2020	2022
2													

TABLE 2: APPOINTMENTS THROUGH DEVIATIONS

No	Project Description	Name of Supplier	Actual Value of Contract	Reason for the Deviation	Award Date	Contract start date	Contract expiry
1							
2							

TABLE 3: APPOINTMENTS THROUGH CONTRACT VARIATIONS/ EXTENSIONS

No	Project Description	Name of Supplier	Contract Number	Reason for extension	original contract value	value of contract extension	Value of previous extensions	Award Date	Contract start date	Contract expiry
1										
2										

The Accounting Officer/ Authority declares that the delays in the quarter are justified and that measures are in place to prevent a recurrence of such non adherence to the plan.

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ACCOUNTING OFFICER/ AUTHORITY SIGNATURE

ANNEXURE B

QUARTERLY REPORTING ON THE PROCUREMENT PLAN

QUARTER: 1

Name of National Institution: KAROO HOOGLAND MUNICIPALITY

Provincial Treasury: Northern Cape Provincial Treasury   Name of Department/ Institution: SCM

Name of Accounting Officer / Delegated Official: JJ Fortuin

Director/ Chief Director SCM: Diana Vermeulen

Telephone number and email address:

Date: 30 September 2021

TABLE 1: ACTUAL AGAINST THE PLAN

No	Project Description	Name of Supplier	Bid Number / Quotation Number	Actual value of Contract	Method of Procurement	Bid advert date	Bid closing date	evaluation start date	evaluation end date	BAC submission date	Award date	contract start date	Contract expiry date
1	APPOINTMENT OF A SERVICE PROVIDER FOR THE PREPARATION OF CASEWARE AND GRAP COMPIANT ASSET REGISTER FOR A PERIOD OF THREE (3) YEAR 2019/2020-2021/22	MUBESKO (PTY) Ltd	KHM T001/06/2020	900 000.00	Tender	04/06/2020	12/06/2020	18/06/2020	18/06/2020	19/06/2020	30/06/2020	30/06/2020	2022
2	WILLISTON INTERNAL WATER NETWORK UPGRADES – PHASE 1	JVZ CONSTRUCTION (PTY) LTD	KHM T001/04/2021	11 490 650.59	Tender	24/03/2021	30/04/2021	22/06/2021	22/06/2021	06/08/2021	07/09/2021	07/09/2021	2022
3													
5													

TABLE 2: APPOINTMENTS THROUGH DEVIATIONS

No	Project Description	Name of Supplier	Actual Value of Contract	Reason for the Deviation	Award Date	Contract start date	Contract expiry
1							
2							

TABLE 3: APPOINTMENTS THROUGH CONTRACT VARIATIONS/ EXTENSIONS

No	Project Description	Name of Supplier	Contract Number	Reason for extension	original contract value	value of contract extension	Value of previous extensions	Award Date	Contract start date	Contract expiry
1										
2										

The Accounting Officer/ Authority declares that the delays in the quarter are justified and that measures are in place to prevent a recurrence of such non adherence to the plan.

pp ACCOUNTING OFFICER/ AUTHORITY SIGNATURE

REPORT TO NATIONAL TREASURY

COVID-19 PROCUREMENT EXPENDITURE

Institution Name	Karoo Hoogland Local Municipality.				
Type of Institution	Municipality				
Reporting Period:	July 2021				
Captured by:	Diana Vermeulen	Contact Number:	053 - 391 3003	Email Address:	d.vermeulen@karoohoogland.gov.za
Reviewed by:	CFO: SJ Nyburgh	Contact Number:	053 - 391 3003	Email Address:	cfo@karoohoogland.gov.za

Supplier Name	CSD Registration No	Name of Foreign Supplier (if not on CSD)	Is the supplier a Manufacturer? (Y/N)	Name of Manufacturer (if supplier is not the Manufacturer)	Item Description	If "Other" please provide further item description	Unit of Measure (UOM)	If "Other" UOM please provide UOM	Quantity	Unit Price per UOM	Total Order Amount	Order Number	Order Date	Payment Total	Payment Date
[illegible]	[illegible]		[illegible]		[illegible]		[illegible]						[illegible]		[illegible]
[illegible]	MAA[illegible]	[illegible]	N	[illegible]	[illegible]		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]

REPORT TO NATIONAL TREASURY

COVID-19 PROCUREMENT EXPENDITURE

Institution Name	Karoo Hoogland Local Municipality				
Type of Institution	Municipality				
Reporting Period:	August 2021				
Captured by:	Diagj Vermeulen	Contact Number:	053 - 391 3003	Email Address:	d.vermeulen@karoohoogland.gov.za
Reviewed by:	CFO: SJ Nyburgh	Contact Number:	053 - 391 3003	Email Address:	cfo@karoohoogland.gov.za

Supplier Name	CSD Registration No	Business Registration Number (if not on CSD)	Is the Supplier a Manufacturer (Y/N)	Name of Manufacturer (if supplier is not a Manufacturer)	Item Description	If "Other" please provide the item description	Unit of Measure (UoM)	If "Other UoM" please specify UOM	Quantity	Unit Price per UOM	Total Order Amount	Order Number	Order Date	Payment Total	Payment Date
[illegible]	[illegible]		[illegible]		[illegible]		[illegible]						[illegible]		[illegible]
[illegible]	MAAA[illegible]	[illegible]	N	[illegible]	PPE [illegible]		25 litre		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]
[illegible]	[illegible]		N		Telecommunication		Each		[illegible]	[illegible]	[illegible]		N/A	[illegible]	[illegible]

REPORT TO NATIONAL TREASURY

COVID-19 PROCUREMENT EXPENDITURE

Institution Name	Karoo Hoogland Local Municipality.				
Type of Institution	Municipality				
Reporting Period:	September 2021				
Captured by:	Diana Vermeulen	Contact Number:	[illegible]	Email Address:	d.vermeulen@karoohoogland.gov.za
Reviewed by:	CFO: SJ Nyburgh	Contact Number:	[illegible]	Email Address:	cfo@karoohoogland.gov.za

Supplier Name	CSD Registration No	Business Registration Number (if not on CSD)	Is the Supplier a Manufacturer? (Y/N)	Name of Manufacturer (if supplier is not a manufacturer)	Item Description	If 'Other' please provide item description	Unit of Measure (UOM)	If 'Other' UOM please provide	Quantity	Unit Price per UOM	Total Order Amount	Order Number	Order Date	Payment Made	Payment Date
[illegible]	[illegible]		[illegible]		[illegible]		[illegible]						[illegible]		[illegible]
[illegible]	[illegible]		N		Other	[illegible]	Each		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
[illegible]	[illegible]		N		Other	[illegible]	Each		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]