

MFMA IMPLEMENTATION AND MONITORING LONG TERM CONTRACTS QUARTERLY RETURN

Municipalities must report on all long term contracts (LTC) with a contract period exceeding 3 years and a total contract value of R1 million and above (a quarterly return must be completed for the term of the LTC).

Each quarter every municipality must submit this return to National Treasury disclosing for that quarter:

1. any new LTC established, and
2. any LTC terminated or that came to an end, or
3. Changes to detail of existing LTC
4. Existing LTC(s) but no activity for this quarter, or
5. that there are no LTC(s)
6. Specifically for the quarter ending 30 September 2006 details of all LTCs existing as at 30 September 2006 must be submitted once off, thereafter for each quarter select the applicable return(s) from 1-5 above.

To save the file press the following keys at the same time with Caps Lock off: **Ctrl-Shift-S**. The file will be saved as e.g.

EC000_LTC_2007_Q1_1.xls

The electronic return must be emailed to lgdatabase@treasury.gov.za.

Please refer to the Guidelines for completing this return available on the website www.treasury.gov.za/mfma (NT returns)

RETURN TYPE:		1.LTC established during this quarter			
Financial Year and Quarter	2019/20	Q1 July-Sept			
Municipality	GT423 Lesedi				
Long Term Contract Number	0				
<i>Number between 1 and 100, start at number 1</i>					
CONTRACT DETAILS					
Head Contractor Name					
Main / Sub Function					
Purpose, Extent and Other Particulars		Information on purpose additional subfunction. If the purpose does not neatly fit into a subfunction, choose 'Other' and provide detail here.			
Date Established (ccyy/mm/dd)					
Date Terminated/ came to an end (ccyy/mm/dd)					
Feasibility Study Done (Yes/No)					
LTC compliant with MFMA (Yes/No)					
Total Value (Whole Rand)					
Duration (Number of Whole Years)					
Participating Parties (Specify Subcontractors)					
HEAD CONTRACTOR CONTACT DETAILS					
Postal address:					
Post Box/Private Bag					
Box/Bag No					
City / Town					
Postal Code					
Street address					
Building					
Street No. & Name					
City / Town					
Postal Code					
General Contacts	<i>Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)</i>				
Telephone number					
Fax number					
E-mail address					
Position 1					
Name					
Telephone number					
Cell number					
Fax number					
E-mail address					
Position 2					
Name		Specify Position			
Telephone number					
Cell number					
Fax number					
E-mail address					
Position 3					
Name		Specify Position			
Telephone number					
Cell number					
Fax number					
E-mail address					
Contact Person:		T.P Sehlogo			
Email:	tebogog@lesedi.gov.za	Please provide details of the contact person who completed this return, should further information be required.			
Phone:	(016) 492 0267				
Date: (ccyy/mm/dd)	2019/10/25				


30/10/19