

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.*

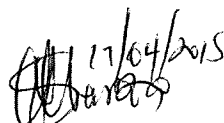
To save the file press the following keys at the same time with Caps Lock off: **Ctrl-Shift-S**. The file will be saved as e.g.

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:	5.No LTC(s)			
Financial Year and Quarter	2014/15	Q3 Jan-Mar		
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	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <i>Information on purpose addition subfunction. If the purpose does not neatly fit into a subfunction, choose 'Other' and provide detail here.</i> </div>			
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	Specify Position			
Name				
Telephone number				
Cell number				
Fax number				
E-mail address				
Position 2	Specify Position			
Name				
Telephone number				
Cell number				
Fax number				
E-mail address				
Position 3	Specify Position			
Name				
Telephone number				
Cell number				
Fax number				
E-mail address				
Contact Person:	T.P Sehlogo			
Email:	tebogos@lesedi.gov.za			
Phone:	(016) 492 0267			
Date: (ccyy/mm/dd)	2015/04/16			
Please provide details of the contact person who completed this return, should further information be required.				



 17/04/2015