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	2015/16	Q3 Jan-Mar
Municipality	GT423 Lesedi	
Long Term Contract Number	0	
	Number between 1 and 100, start at number 1	
CONTRACT DETAILS		
Head Contractor Name		
Main / Sub Function		
Purpose, Extent and Other Particulars		
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	*Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)*	
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		

Information on purpose addition subfunction. If the purpose does neatly fit into a subfunction, cho 'Other' and provide detail here.

Contact Person:	**T.P Sehlogo**	
Email:	tebogos@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)*	2016/04/22	