

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	2017/18		
Municipality	GT423 Lesedi	Q3 Jan-Mar	
Long Term Contract Number	2		
<i>Number between 1 and 100, start at number 1</i>			
CONTRACT DETAILS			
Head Contractor Name	MAGIC LABOUR HIDE & SECURITY SERVICES		
Main / Sub Function	Comm. & Social/Community Halls and Facilities (0503)		
Purpose, Extent and Other Particulars	CONSTRUCTION OF SPORTFIELD		
Date Established (ccyy/mm/dd)	2018/02/09	← Information on purpose addition subfunction. If the purpose does not neatly fit into a subfunction, check 'Other' and provide detail here.	
Date Terminated/ came to an end (ccyy/mm/dd)			
Feasibility Study Done (Yes/No)	Yes		
LTC compliant with MFMA (Yes/No)	Yes		
Total Value (Whole Rand)	26 743 146		
Duration (Number of Whole Years)			
Participating Parties (Specify Subcontractors)			
HEAD CONTRACTOR CONTACT DETAILS			
Postal address:			
Post Box/Private Bag			← Specify Position
Box/Bag No			
City / Town			
Postal Code			
Street address			
Building			
Street No. & Name			
City / Town			
Postal Code			
General Contacts			
Telephone number	<i>Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)</i>		
Fax number			
E-mail address			
Position 1			
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
Position 2			
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
Position 3			
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
Contact Person:			
Name:	T.P Sehlogo		
Email:	tebogoss@lesedi.gov.za		
Phone:	(016) 492 0267		
Date: (ccyy/mm/dd)	2018/04/26		
		Please provide details of the contact person who completed this return, should further information be required.	