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	3	

Number between 1 and 100, start at number 1

CONTRACT DETAILS

Head Contractor Name	MGOBI-TECINO JV	
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	
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)*	1 210 000	
Duration *(Number of Whole Years)*		
Participating Parties *(Specify Subcontractors)*		

Information on purpose additi... subfunction. If the purpose do... neatly fit into a subfunction, ch... 'Other' and provide detail here...

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	
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	

Specify Position (Position 2)

Specify Position (Position 3)

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)*	2018/04/26	

65m

GT423_LTC_2018_Q3_3