

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 | Q2 Oct-Dec |
| Municipality | GT423 Lesedi | |
| Long Term Contract Number | 0 | |
| <small>Number between 1 and 100, start at number 1</small> | | |

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|--|--|--|--|--|
| CONTRACT DETAILS | | | | |
| Head Contractor Name | | | | |
| Main / Sub Function | | | | |
| Purpose, Extent and Other Particulars | <div style="border: 1px solid black; padding: 2px; font-size: small;"> Information on purpose addition, subfunction. If the purpose does not neatly fit into a subfunction, choose 'Other' and provide detail here. </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 | <small>Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)</small> | | | |
| 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 | | | | |

| | | |
|---------------------------|------------------------|---|
| Contact Person: | T.P Sehlogo | Please provide details of the contact person who completed this return, should further information be required. |
| Email: | tebogogs@lesedi.gov.za | |
| Phone: | (016) 492 0267 | |
| Date: (ccyy/mm/dd) | 2020/01/29 | |

GSM

