

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. *Statistically for the quarter ending 30 September 2006 details of all LTCs existing as at 30 September 2006 must be submitted (XXX) 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.

XXXX LTC 2007 Q1 1.xls

The electronic return must be emailed to lqdatabase@treasury.gov.za.

Financial Year and Quarter	1 LTC established during this quarter	
Municipality	2020/21	Q2 Oct Dec
Long Term Contract Number	GT423 Lesedi	
	0	
CONTRACT DETAILS		
Head Contractor Name		
Main / Sub Function		
Purpose, Extent and Other Particulars		
Date Established (dd/mm/yy)		
Date Terminated (came to an end) (dd/mm/yy)		
Feasibility Study Done (Yes/No)		
LTC compliant with MFMA (Yes/No)		
Total Value (Whole Rand)		
Duration (Number of Whole Years)		
Participating Parties (Specify Suppliers)		
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 011 015 2341))</i>	
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	
Email:	tobogus@lesedi.gov.za	Please provide details of the contact person who completed this return, should further information be required.
Phone:	(016) 492 0267	
Date: <i>2021/01/25</i>	2021/01/25	

Information re purpose and duration of the purpose of entry into a sub-function. Other and provide detail per

Specify Position

Specify Position

