

# 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 R1million 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](mailto:lgdatabase@treasury.gov.za).

*Please refer to the Guidelines for completing this return available on the website [www.treasury.gov.za/mfma](http://www.treasury.gov.za/mfma) (NT returns)*

<b>RETURN TYPE:</b>		<b>5.No LTC(s)</b>	
<b>Financial Year and Quarter</b>		2016/17	Q4 Apr_June
<b>Municipality</b>		DC18 Lejweleputswa	
<b>Long Term Contract Number</b>		0	Information on purpose additional to subfunction. If the purpose does not neatly fit into a subfunction, choose 'Other' and provide detail here.
		Number between 1 and 100, start at number 1	
<b>CONTRACT DETAILS</b>			
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)			
<b>HEAD CONTRACTOR CONTACT DETAILS</b>			
<b>Postal address:</b>			
Post Box/Private Bag			
Box/Bag No			
City / Town			
Postal Code			
<b>Street address</b>			
Building			
Street No. & Name			
City / Town			
Postal Code			
<b>General Contacts</b>		Phone, fax and cell no's: nnn nnn nnnn (example 011 315 2341)	
Telephone number			
Fax number			
E-mail address			
<b>Position 1</b>			
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
<b>Position 2</b>			
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
<b>Position 3</b>			
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
<b>Contact Person:</b>		<b>Mmaleshala Leshoro</b>	
Email:		mmaleshala@lejwe.co.za	
Phone:		057 391 8948	
Date: (ccyy/mm/dd)		4/13/2017	
		Please provide details of the contact person who completed this return, should further information be required.	





