

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:		
Financial Year and Quarter	2011/12	Q1 July-Sept
Municipality	GT481 Mogale City	
Long Term Contract Number	0	
<i>Number between 1 and 100, start at number 1</i>		
CONTRACT DETAILS		
Head Contractor Name		
Main / Sub Function	Other/Other (3000)	
Purpose, Extent and Other Particulars		
Date Established <i>(ccyy/mm/dd)</i>		
Date Terminated/ came to an end <i>(ccyy/mm/dd)</i>		
Feasibility Study Done <i>(Yes/No)</i>	No	
LTC compliant with MFMA <i>(Yes/No)</i>	No	
Total Value <i>(Whole Rand)</i>		
Duration <i>(Number of Whole Years)</i>		
Participating Parties <i>(Specify Subcontractors)</i>		
HEAD CONTRACTOR CONTACT DETAILS		<i>Specify Position</i>
Postal address:		
Post Box/Private Bag		
Box/Bag No		
City / Town		
Postal Code		
Street address		<i>Specify Position</i>
Building		
Street No. & Name		
City / Town		
Postal Code		
General Contacts		<i>Specify Position</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:		
Email:	LESIE MAHUMA Lesliem@mogalecity.gov.za	Please provide details of the contact person who completed this return, should further information be required.
Phone:	011 951 2472	
Date: <i>(ccyy/mm/dd)</i>	2011/10/31	

Information on purpose additional to subfunction. If the purpose does not neatly fit into a subfunction, choose 'Other' and provide detail here.