

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 Q3 Jan-Mar
Municipality	GT481 Mogale City
Long Term Contract Number	2 <small style="float: right;">Number between 1 and 100, start at number 1</small>
CONTRACT DETAILS	
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)	
HEAD CONTRACTOR CONTACT DETAILS	
Postal address:	<small>Specify Position</small>
Post Box/Private Bag	
Box/Bag No	
City / Town	
Postal Code	
Street address	<small>Specify Position</small>
Building	
Street No. & Name	
City / Town	
Postal Code	
General Contacts	<small>Specify Position</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:	LESLIE MAHUMA
Email:	Lesliem@mogalecity.gov.za
Phone:	011 951 2472
Date: (ccyy/mm/dd)	1/27/2012
	Please provide details of the contact person who completed this return, should further information be required.

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

