

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	2014/15	Q2 Oct-Dec	
Municipality	EC442 Umzimvubu		
Long Term Contract Number	0		
<i>Number between 1 and 100, start at number 1</i>			
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 additional to subfunction. If the purpose does not neatly fit into a subfunction, choose 'Other' and provide detail here. </div>	
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>			
LTC compliant with MFMA <i>(Yes/No)</i>			
Total Value <i>(Whole Rand)</i>			
Duration <i>(Number of Whole Years)</i>			
Participating Parties <i>(Specify Subcontractors)</i>			
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 011 315 2341)</i>		
Telephone number			
Fax number			
E-mail address			
Position 1		Specify Position	
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
Position 2		Specify Position	
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
Position 3		Specify Position	
Name			
Telephone number			
Cell number			
Fax number			
E-mail address			
Contact Person:			
Name:	Nondyebo Xashimba	<div style="font-size: small;"> Please provide details of the contact person who completed this return, should further information be required. </div>	
Email:	Xashimba.Nondyebo@umzimvubu.gov.za		
Phone:	039 255 8569		
Date: <i>(ccyy/mm/dd)</i>	2014-10-10		