



**RETURN FOR LEVY
EVENTS**

Business Name: _____

Month: _____ **Year:** _____

Filled By: _____

Contact Number: _____

SOURCE DESCRIPTION	LEVY FOR THE PERIOD ENDED	TOTAL LEVY COLLECTED	UNPAID BALANCE
Name of Leisure Event _____ _____ _____	____/____/____	M _____	M _____
	No. of Tickets Sold	Method of Payment	
	_____	Cash ____	Cheque ____

Signature: _____

Date: _____