



**RETURN FOR LEVY  
TOUR OPERATOR**

**Business Name:** \_\_\_\_\_

**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Filled By:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

SOURCE DESCRIPTION	LEVY FOR THE PERIOD ENDED	TOTAL LEVY COLLECTED	UNPAID BALANCE
Name of Business	____/____/____	M _____	M _____
	No. of tourists charged	Method of Payment	
	_____	Cash ____	Cheque ____ EFT ____

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_