



RETURN FOR LEVY

TOURIST ATTRACTION

Establishment Name: _____

Type _____

Month: _____ **Year:** _____

Filled By: _____

Contact Number: _____

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

Signature: _____

Date: _____