



## Monthly Marketing Levy Remittance Report

Company Name:

Reporting Period (Month/Year):

Registration Number:

Contact Name:

Email Address:

Telephone Number:

### Remittance information

Total Room Revenue Subject to Levy: \$

3% Marketing Levy Due: \$

NOTE: Amount collected should be equal to amount remitted. Please explain any variances.

### Payment Method

Cheque

Office (We accept cash, cheque and debit)

I confirm on behalf of the organization that the information provided is accurate and complete

Signature:

Date:

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*For Office Use Only*

Date received	
Information reviewed by	