

Monthly Marketing Levy Remittance Report

Reporting Period (Month, Year): _____

Registration Number: _____

Contact Name: _____

Email Address: _____

Telephone Number: _____

Remittance Information

Total Room Revenue Subject to Levy: \$ _____

Marketing Levy Due: \$ _____

Amount collected should be equal to amount remitted, please explain any variances:

Payment Method: _____ Cheque Electronic Payment

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

For Office use only:

<i>Date Received:</i>	
<i>Information Reviewed By:</i>	