FIJI ISLANDS BUREAU OF STATISTICS

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FIJI ISLANDS

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MONTHLY RETURN FOR HOTEL AND OTHER TOURIST ESTABLISHMENT

Notice is hereby given under Section 8 Sub-section 2 of the Statistics Act, Cap 71 for you to complete one copy of this form per establishment and return no later than two weeks after the end of the reporting month. Please refer to the accompanying notes given on the reverse of the form.

1 **Name of Establishment**

		2	0		
Month		Year			

2 **Address**

3 **Number of Rooms/Units**
[Please exclude "Out of Service" rooms and units]
[Units include bures, villas, cottages, apartments, cabins bungalows etc]

4 **Number of Beds**

5 **Employment**
Please state number employed and hours worked in the ***last pay week*** *of the month*

		Male	Female	Total	Hours Worked
Full-time	Salary employees				
	Wage employees				
Part-time/ casual	Part-time and casual employees				
	TOTAL				

6 **Receipts during the month**
Include cash and charge sales from:

		VALUE $
[a]	Room/Accommodation sales	
[b]	Food sales	
[c]	Bar and Liquor sales	
[d]	Telephone sales	
[e]	Miscellaneous sales	
	TOTAL	

7 **Country of Residence of Guests, number of nights spent and total number of guest-nights**

NIGHT OF	OVERSEAS GUESTS										LOCAL GUESTS	GRAND TOTAL	ROOMS/ UNITS SOLD
	AUSTRALIA	USA	NEW ZEALAND	CANADA	UNITED KINGDOM	CONT. EUROPE	JAPAN	PACIFIC ISLANDS	OTHERS	TOTAL			
1st													
2nd													
3rd													
4th													
5th													
6th													
7th													
8th													
9th													
10th													
11th													
12th													
13th													
14th													
15th													
16th													
17th													
18th													
19th													
20th													
21st													
22nd													
23rd													
24th													
25th													
26th													
27th													
28th													
29th													
30th													
31st													
TOTAL													

DECLARATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS RETURN IS COMPLETE AND CORRECT:

Name | Position

Signature | Date | Telephone no. | Facsimile no.