



Submission date:	
COMPANY DETAILS	
Company name:	
Address:	
ABN:	
Contact name:	
Contact phone:	
Contact email:	
SUBMISSION DETAILS	
A. Total number of sighting fees:	
B. Sighting fee rate:	
Total amount (A x B) =	
Total amount (TX B)	
EFT PAYMENT INFORMATION	
Bank:	BSB number:
Account number:	Account name:
Please email this document and the spreadsheet notification to sightingfees@qleave.qld.gov.au	
OFFICE USE ONLY	
From:	To:
	de: Cost Centre:
Total: \$	
Entered by:	Date:
Authorised by:	Date:



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