



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:	_ \$5.95 (as of 1 July 2023)
Total amount (A x 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:		
No of Sighting Fees:	Cost Code:		Cost Centre:	
Total: \$				
Entered by:		Date:		
Authorised by:		Date:		



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