



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:	\$5.23 (as of 1 July 2021)
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: \$	GST: \$		
Entered by:		Date:	
Authorised by:		Date:	



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