



Submission date:			
COMPANY DETAILS			
Company name:			
ABN:			
Contact phone:			
Contact email:			
SUBMISSION DETAILS			
A. Total number of sighting fees:			
B. Sighting fee rate:		_ \$4.89 (from 1	July 2017)
Total amount owing:		$A \times B = \$0.00$	
PAYMENT INFORMATION			
Payment type:			
Bank:		BSB number	:
Account number:		Account nam	e:
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:	

Unit 1, 62 Crockford Street, Northgate Qld 4013

PO Box 315 Virginia BC Qld 4014 | **Freecall** 1300 QLEAVE **Email** levies@qleave.qld.gov.au | **Web** www.qleave.qld.gov.au



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LONG SERVICE LEAVE

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