

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: \_\_\_\_\_ \$4.81 (from 1 July 2016)

Total amount owing: \_\_\_\_\_ A x B = \$0.00

## PAYMENT INFORMATION

Payment type:  EFT

Bank: \_\_\_\_\_ BSB number: \_\_\_\_\_

Account number: \_\_\_\_\_ Account name: \_\_\_\_\_

**Please email this document and the spreadsheet notification to [sightingfees@qleave.qld.gov.au](mailto:sightingfees@qleave.qld.gov.au)**

### OFFICE USE ONLY

No of Sighting Fees: \_\_\_\_\_ Cost Code: \_\_\_\_\_ Cost Centre: \_\_\_\_\_

Total: \$ \_\_\_\_\_ GST: \$ \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_ *Manager Levies* Date: \_\_\_\_\_

### CONTACT QLEAVE

Level 4, Lutwyche City, 543 Lutwyche Rd, Lutwyche Q 4030 | PO Box 512, Lutwyche Q 4030  
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