



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

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 Freecall 1800 803 481 | Email levies@qleave.qld.gov.au | Web www.qleave.qld.gov.au

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