



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: | \$5.14 (as of 1 July 2020) |
| Total amount (A x B) = | |
| EFT PAYMENT INFORMATION | |

| Bank: | BSB number: |
|-----------------|---------------|
| Account number: | Account name: |

$Please\ email\ this\ document\ and\ the\ spreadsheet\ notification\ to\ sighting fees @qleave.qld.gov.au$

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

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