



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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