

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: \_\_\_\_\_ \$5.95 (as of 1 July 2023)

Total amount (A x B) = \_\_\_\_\_

## EFT PAYMENT INFORMATION

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

From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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

Authorised by: \_\_\_\_\_ Date: \_\_\_\_\_