



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:	$_{-}$ \$6.14 (as of 1 July 2024)
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

OFFICE USE ONLY				
From:		To:		
No of Sighting Fees:	Cost Code:		Cost Centre:	
Total: \$				
Entered by:		Date:		
Authorised by:		Date:		



Unit 1, 62 Crockford Street, Northgate Qld 4013 PO Box 348 Archerfield BC Qld 4108 | **Freecall** 1300 QLEAVE **Email** levies@qleave.qld.gov.au | **Web** www.qleave.qld.gov.au

QLeave is collecting the information on this form for the purposes of administering the *Building and Construction Industry (Portable Long Service Leave) Act 1991*, as required by that Act. QLeave may give some or all of this information to various other Government departments or agencies as required or permitted by law.

