



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: _____

