



Tax Invoice – Sighting of QBCC Insurance

ABN: _____

Invoice Date: _____ Invoice Number: _____

Name of Authority or Certification Company	
Accreditation Number/s	
Period of Claim	

Construction Notification Number	Date Notified	Contractor's Name or Licence Number	Date Sighted By Certifier	Your Reference	Individual Certifier

INVOICE SUMMARY

Number sighted	
Sighting Fee (incl GST)	@ \$2.09 each
TOTAL CLAIM *	\$

* Note: \$20.00 is the minimum acceptable claim

PAYMENT DETAILS

Bank: Branch: BSB: Account Number: Account Name:	
Cheque Payable to:	

Fax: (07) 3225 2999 **Postal Address:** Attention Finance, GPO Box 5099, Brisbane, Qld 4001

Privacy Notice

QBCC is collecting the information on this form to process a payment for sighting of QBCC insurance. This information can be disclosed by QBCC to another party with your consent or as authorised or required by law. For further information visit the QBCC website at www.qbcc.qld.gov.au