Tax Invoice – Sighting of QBCC Owner Builder Permits

ABN: _____

Invoice Date: _____ Invoice Number: _____

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

Owner Builder Permit Number	Date Notified	Owner Name	Date Sighted By Certifier	Your Reference *(optional)*	Individual Certifier

INVOICE SUMMARY

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

* Note: $5.00 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 owner builder permit/s. Collection of this information is authorised by *Queensland Building and Construction Commission Act 1991*. 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