Tax Invoice – Sighting of BSA 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
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