

Please complete the appropriate section (A or B). If applicable provide the appropriate 'cheque' when submitting your proposal to the Research Ethics Unit. Please contact the Research Ethics Office on 9496 4090 if you have any queries.

PRINCIPAL INVESTIGATOR:.....

PROJECT TITLE:.....

CONTACT NUMBER:.....

### Section A - FOR INTERNAL DEPT PROJECTS

*In-house studies do not attract GST but must be paid by 'transfer of funds'.*

Austin Health SPF No	Name of Dept/SPF	Expense classification	Charge (see fee schedule)
			\$100

**Authorised by:**

.....  
(Signature)

.....  
(Printed name and Title)

(Must be signed by a person authorised by the Finance Department to transfer funds)

### Section B – PAYMENT BY CHEQUE

*(Cheques to be made out to Austin Health Research Ethics Unit)*

FEEs:

Commercially sponsored studies with 10 % GST	<b>\$1100</b>
Non-commercially sponsored with 10% GST	<b>\$220</b>
Others with 10% GST	<b>\$110</b>

**If you require a tax invoice for payment of these fees please fill out the box below:**

DETAILS FOR TAX INVOICE	
Sponsor (if applicable):.....	
Contact Name for Invoice:.....	
Address/Dept:.....	
.....	
Suburb:.....State:.....Post Code:.....	