# Medical Physicist’s Report Request Form

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| --- | --- |
| **Project Title:** |  |
| **Protocol Number:** |  |
| **Principal Investigator:** |  |
| **Contact Person for project information** |
| **Name and position:** |  |
| **Phone/Mobile:** |  |
| **Email:** |  |
| Payment Details

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| --- |
| [ ]  Austin project, no-funding - $110 (inc GST) |
| [ ]  Austin project, external funding - $440 (inc GST) (i.e. drug company or government grant) |
| [ ]  External project - $550 (inc GST)  |
| [ ]  Amendment - $220 (inc GST) |
| [ ]  Exemption Letter - $100 (inc GST) |

**External sponsor** (please provide sponsor name):**Other funding** (please specify): |
| **NOTE: Either Section A or B must be completed or the request will not be processed** |
| **Section A. Invoice to internal group (Austin Health department)** |
| **Cost Centre No:****Extension No:** | **Authorised by: (name and signature)****Date:** |
| **Section B. Invoice to external group** |
| **Contact person:** |  |
| **Contact phone:** |  |
| **Contact email:** |  |
| **Company:** |  |
| **ABN:** |  |
| **Address for invoice:** |  |