

<b>Tax Invoice</b>	<b>CTN Fee Form</b>
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**Upon payment this document becomes a Tax Receipt. Please retain a copy, as no further receipt will be issued.**

Date:	
Project title:	
Principal Investigator:	
HREC Number	
Project/Protocol No:	
Sponsor Name:	
Sponsor ABN:	
Contact Person:	

Initial Submission		
Select most relevant	Study review type	Total (\$)
<input type="checkbox"/>	CTN Application	390
<input type="checkbox"/>	CTN Variation	390

If you have any queries, please contact Office for Research on (03) 9496 4090 or via [Research@austin.org.au](mailto:Research@austin.org.au)

**Option 1 – Payment by SPF (Number must be Y3000 or above)**

Austin Health SPF Number	Name of Department/SPF	Expense Classification	Charge – see fee structure
		61905	

Authorised by:			
Print Name	Signature	Date	Contact Phone Number

**Option 2 – Payment by Cheque or Credit Card**

- Cheque (made out to 'Austin Health') Cheque Number:  
 Credit Card     VISA     MasterCard

Credit card number	Exp date (MM/YY)	Name on card	CVV

Signature	Amount

**Option 3 – Payment by EFT**

<p>When processing the EFT, please quote the HREC number and name of the Principal Investigator.</p> <p>Once transferred, please email this Fee Form and the Remittance Advice to <a href="mailto:Accounts.receivable@austin.org.au">Accounts.receivable@austin.org.au</a></p>	<p><b>Austin Health Banking Details</b>  ACCOUNT NAME: AUSTIN HEALTH  BANK: WESTPAC BANK  BRANCH: 216 UPPER HEIDELBERG ROAD, IVANHOE 3079  SWIFT NO: WPACAU2S  BSB: 033286  ACCOUNT NO: 120120</p>
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## FEE STRUCTURE EXPLANATION

### New Projects

The same fee applies for a multi-site trial or a single site trial, providing the sites involved in the multi-site trial are declared simultaneously on the CTN form.