# 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  |  | | --- | | 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:** | |  | |