|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **REQUESTOR DETAILS** | | | | | | |
| **Name of person requesting the invoice** | | | Moira Weeks – Research Administration Officer | | | |
| **Contact number:** | | | 03 4215 3374 | | | |
| **Cost centre / Department:** | | | P0904 - Research Development Unit – (RDU) | | | |
| **Delegation level:** | | | $50,000 | | | |
| **Approved by name / position title\*:** | | | Erica Grundell – Co-Director Research | | | |
| **Signature / Date\*:** | | | Date: Signature: | | | |
| **INVOICE DETAILS** | | | | | | |
| **Name of debtor to be invoiced** | | |  | | | |
| **Contact name** | | |  | | | |
| **Debtor ABN No.** | | |  | | | |
| **Address** | | |  | | | |
| **Phone number** | | |  | | | |
| **Email address** | | |  | | | |
| **Invoice narration to appear on face of invoice raised:** | | | | | | |
| **Title:**  **Protocol #:**  **PI:**  **Site: Barwon Health BH Ref #:**  **Service:**  **ERM Review Reference:** | | | | | | |
| **Invoice amount^** | **Amount (exc. GST)** | | | **GST amount** | | **Total (inc. GST)** |
| **$** | | | **$** | | **$** |
| **Cost allocation details** | | **Cost centre** | | | **Account code** | |
| **P0904** | | | **57817** | |
| Purchase Order No*. (if applicable*) | |  | | | | |
| **Additional Comments (if required): *Please forward a copy of the Invoice to RDU@barwonhealth.org.au*** | | | | | | |
| **INSTRUCTIONS:**  \* Only requests approved in accordance with the Barwon Health Instrument of Delegation at the date of request will be actioned.  ^ Attach documentation evidencing debtor billing instructions (i.e. executed contract schedule, DHHS funding letter or debtor e-mail) and amount owed to Barwon Health.  Email completed request to [sundrydebtors@barwonhealth.org.au](mailto:sundrydebtors@barwonhealth.org.au?subject=Request%20for%20sundry%20debtor%20invoice) | | | | | | |