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| **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 |