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| --- |
| ***Requestor Details*** |
| **Date** |  |
| **Name of Person Requesting the Invoice** | REGI Administration Officer |
| **Contact**  | REGI@barwonhealth.org.au |
| **Department** | Research Ethics, Governance & Integrity (REGI) Unit |
| **Delegation Level $** | $50,000 |
| **Approved by Position Title\*****\*** *Approval must be in line with the Instrument of Delegation* | Research Director |
| **Approved by Name\*** | Prof Peter Vuillermin |
| ***Details of the Organisation or Person to be Invoiced*** |
| **Name of Organisation / Person to be invoiced** |  |
| **Contact Name** |  |
| **Address** |  |
| **Phone Number** |  |
| **Email Address** |  |
| ***Description to Appear on Invoice*** |
|

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| --- |
| **Title:** **Protocol #:****Site: Barwon Health BH Ref #:****PI:** **Service:****ERM Review Reference:** |

 |
| ***Invoice Amount*** | ***Amount (Pre GST)*** | ***GST Amount*** | ***Total Amount*** |
|  |  |  |
| ***Cost Allocation Details*** | ***Cost Centre*** | ***Account Code*** |
| **P0904** | **57817** |
| Purchase Order No*. (if applicable*) |  |
| ***Additional Comments:*** |
| ***Internal Use Only***  Dear Barwon Health accounts team: Please send REGI Unit a copy of the invoice to***REGI@barwonhealth.org.au*** |

\* It is the responsibility of the BH requestor to ensure that documentation is maintained to support approval in line with the instrument of delegation.