**SESLHD RESEARCH**

**METHOD OF PAYMENT FORM**



Please note that your submission will be progressed upon confirmation of payment

|  |
| --- |
| 1. **ADMINISTRATIVE INFORMATION**
 |
| * 1. **STUDY DETAILS**
 |  |
| **STUDY TITLE** |  |
| **REFERENCE NUMBER** | e.g. FOR ETHICS – YEAR/ETHXXXXX OR FOR GOVERNANCE – YEAR/STEXXXXX |
| **REGIS AMENDMENT NUMBER**  | IF APPLICABLE |
| **AMENDMENT DETAILS**  | For amendment applications, please provide a description of the amendment here (i.e protocol amendment 5). Please note this will accompany the invoice to the Sponsor so please ensure it is clear to avoid processing delay. |
| **PROTOCOL NUMBER** |  |
| **SITE #**  | FOR COMMERCIAL STUDIES |
| **SUBMISSION DATE** |  |
| **FUNDING SOURCE NAME** | e.g. MRFF, NHMRC, Trust Fund or Recurrent Funding of CC XXX XXX |
| **SPONSOR** |  |
| **1.2 PRINCIPAL INVESTIGATOR** |  |
| **NAME** |  |
| **EMAIL ADDRESS** |  |
| **CONTACT NUMBER** |  |
| **ORGANISATION** | Unit, Department, Organisation |
| **1.3 PERSON COMPLETING FORM** | [ ] NOT APPLICABLE: AS ABOVE |
| **NAME** |  |
| **EMAIL ADDRESS** |  |
| **CONTACT NUMBER** |  |
| **RELATIONSHIP TO PROJECT** |  |

***If the payment is mixed, please complete both sections stating the amount for each***

|  |
| --- |
| 1. **BILLING/INVOICE INFORMATION**
 |
| *2.1* **PAYMENT TYPE** | **INTERNAL COST TRANSFER** [ ]  **EXTERNAL FUNDING SOURCE** [ ]  |
| *2.2* **INTERNAL COST TRANSFER**  | FUNDS WILL BE TRANSFERRED FROM COST CENTRE BELOW TO SESLHD RESEARCH OFFICE |
|  **COST CENTRE NAME** |  |
| **COST CENTRE NUMBER** |  |
| **COST CENTRE MANAGER SIGNOFF** |  |
| *2.3* **EXTERNAL FUNDING SOURCE** | INVOICES WILL BE DIRECTED TO THE NOMINATED PARTY BELOW |
| **DEBTOR NAME** |  |
| **ABN**  |  |
|  **BILLING ADDRESS** |  |
| **CONTACT NAME** |  |
| **CONTACT NUMBER** |  |
| **CONTACT EMAIL** |  |
| 1. **Declaration**
 |  |
| **PI or Delegate declares that have read and understood the** [**NSW Health Fee Policy**](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2023_015) **and** [**Information Bulletin**](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2023_026.pdf) **[[1]](#footnote-1)** **YES** [ ] **PI or Delegate declares that the above-mentioned information is complete and correct**  **YES** [ ] **PI or Delegate declares that the correct Research Fees are being included in the study budget YES** [ ]  |

 **Name and Title Signature Date**

1. Reference Policy URL:

Policy Directive: [Fee Schedule for Research Ethics and Governance Review of Clinical Trial Research (nsw.gov.au)](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_015.pdf)

Fee Schedule Information Bulletin: [Fees for Research Ethics and Governance Review of Clinical Trial Research (nsw.gov.au)](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2023_026.pdf) [↑](#footnote-ref-1)