|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***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*** | | | | | | |
| |  | | --- | | **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***](mailto: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.