

**Fees are payable in full at the time of submission. Please fill out the form and select your preferred payment method on page 2. Submit one original copy and one photocopy of this form with your application.**

Date	AEC Reference Number – Compulsory Field	Principal Investigator

Type of Submission			
<input type="checkbox"/> Project Application	<input type="checkbox"/> Contract Research Application	<input type="checkbox"/> Modification	<input type="checkbox"/> Minor Change
<input type="checkbox"/> Response to Conditions	<input type="checkbox"/> GBNML	<input type="checkbox"/> Other	

Additional Comments explaining the nature of the submission (as required)

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Documents Submitted for Review:

Title of Document	Version number/date	No. of copies provided

**Please select the correct fee(s) for your submission**

	Unit Value excluding GST (\$)	GST (\$)	Total including GST (\$)
<b>Animal Ethics Committee Fee</b>			
<input type="checkbox"/> Project Application	500.00	50.00	550.00
<input type="checkbox"/> Contract Research Application	2000.00	200.00	2200.00
<input type="checkbox"/> Modification	200.00	20.00	220.00
<input type="checkbox"/> Minor Change	100.00	10.00	110.00

<b>PLEASE ENTER AMOUNT PAYABLE HERE</b>	
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Please select from one of the payment options below.

**For Credit Card payments only**

Card Type (We only accept cards listed below):	Credit Card Number:	Expiry Date:
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard <input type="checkbox"/> AMEX		
Cardholder's Name:	Cardholder's Signature:	
Cardholder's Address/Email Address (for Receipt Purposes):		

**For EFT payments only**

**'RS207' MUST** be included in the EFT description/reference. Remittance Advice will also need to be submitted with this form to confirm payment has been made.

Please transfer funds to St Vincent's Hospital Banking Details as below:

**Bank:** National Bank of Australia  
**BSB No. :** 082-057      **A/C No. :** 14-782-8494

Date of Transaction:	Transaction Details:	<b>EFT Description – <u>Compulsory Field</u> (must be included in reference):</b>
Company:	Company ABN:	Contact Name:
Company Address:		

**For Internal Transfer payments only**

**GST is not applicable for Internal Transfers.**

Department:	Cost Centre:	Email:
Authorised by:	Signature:	

**For Cheque payments only**

Company:	Company ABN:	Contact Name:
Company Address:		

Finance Service Use Only

Cost Centre	Subjective Code	Receipt Number	Date Processed
RS207			