

# Research Directorate GST Compliant Tax Invoice

*St Vincent's Hospital Melbourne*  
**ABN 22 052 110 755**

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 of Submission	IBC Reference Number – Compulsory Field	Principal Investigator
Title of Study:		
Type of Submission		
<input type="checkbox"/> New Application	<input type="checkbox"/> Response to Conditions	<input type="checkbox"/> Variation <input type="checkbox"/> Other:

Documents Submitted for Review:

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

Additional comments explaining the nature of the submission (as required):

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

	Unit Value excluding GST (\$)	GST (\$)	Total including GST (\$)
<b>Institutional Overhead Charges (IOC)</b>			
<input type="checkbox"/> Exempt Dealing	100.00	10.00	110.00
<input type="checkbox"/> Risk Group 3 and 2 Non-GMO Biohazard	300.00	30.00	330.00
<input type="checkbox"/> Notifiable Low Risk Dealing	300.00	30.00	330.00
<input type="checkbox"/> Licensed Dealing (DNIR or DIR)	500.00	50.00	550.00

<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			