# **Tax Invoice**

# **Authorised Prescriber Payment Form**

**Submit separate Payment Forms for each new application**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Project Lead: |  |
| Project Title: |  |
| AP Number (Office use only) |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Select option** | **Study type** | **$ Amount (ext GST)** | **$ Amount (inc. GST)** |
| **[ ]**  | Authorised Prescriber Application – Royal Melbourne Hospital applications | $200.00 | $220.00 |
| **[ ]**  | Authorised Prescriber Application – External applications | $1000.00 | $1100.00 |

###### Payment Methods

# Complete only one of the payment options

* GST does not apply to internal cost centre transfers (Option 1)
* GST must be applied to Cheque or Credit Card payments (Option 2).

###### Option 1: (INTERNAL RMH ONLY) RMH cost centre transfer (GST not applicable)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Cost centre no.: |  | Cost centre manager |  | Cost centre manager signature |  | **Amount (no GST)** |
|  |  |  |  |  |  | **$** |

###### Option 2: Payment by Cheque or Credit Card (include GST)

[ ]  Cheque (made out to Melbourne Health) [ ]  Visa [ ]  MasterCard

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit card number |  | Exp date |  | CCV |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name on card |  | Signature |  | ***Provide email address if receipt required*** |  | Amount (inc GST) |
|  |  |  |  |  |  | **$** |

######

# **Fee structure**

The fee charged represents only partial recovery of the total cost of processing Authorised Prescriber applications.