

RMH Clinical Trial/Research Agreement

Invoicing & Payment Clauses

All RMH Clinical Trial or Clinical Research Agreements must contain clause(s) regarding all invoicing and payment arrangements under the Agreement (preferably in the payments section of the Agreement).

The following is a summary of the clause(s) required. Please select one of each of the following to be inserted into the Agreement: **Only one** of the applicable **Invoicing** clauses; *and* the **Payment** clause

Choose only 1 of the two Invoicing Clauses

1. Raise an invoice

All requests to raise an invoice from (*insert Funding Body name*) to Melbourne Health under this Agreement are to be sent to the attention of the **Management Accountant – Research** at the following address:

The Royal Melbourne Hospital
Office for Research
Level 2 South West
Grattan Street, Parkville, VIC, 3050
Telephone No.: +61 3 9342 3149
Facsimile No.: +61 3 9342 8548
E-Mail Address: mar@mh.org.au

OR

2. Recipient Created Tax Invoices

If the invoices are to be generated as Recipient Created Tax Invoices (RCTI) by (*insert Funding Body name*) under this Agreement the RCTIs are to be sent to the attention of the **Management Accountant – Research** at the address specified above.

Payment Clause

1. Payment by EFT/Direct Credit

All payments by EFT/direct credit under this Agreement will be made as follows:

Account Name: MHS-OPERATING
Bank: NAB
Bank Address: Level 2, 151 Rathdowne Street, Carlton, VIC, 3053
BSB No.: 083-170
Account No.: 122931890

Notification of all payments by EFT/direct credit made under this Agreement will be communicated to the Management Accountant – Research at the following address:

The Royal Melbourne Hospital
Office for Research
Level 2 South West
Grattan Street, Parkville, VIC, 3050

Telephone No.: +61 3 9342 3149
Facsimile No.: +61 3 9342 8548
E-Mail Address: mar@mh.org.au

The notification of all payments made under this Agreement will be accompanied with documentation of the calculation of each payment. The documentation from (*insert Funding Body name*) will specify:

- The Human Research Ethics Committee (HREC) project number;
- The Principal Investigator's name;
- What the payment is being made for;
- The number of participants who have completed particular milestones; and
- Detail of any partial payments, or any other information relevant to the calculation of the payment by the (*insert Funding Body name*).