

Neuroscience Foundation: 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:

- **one of the applicable Invoicing clauses; and**
 - **one of the applicable Payment clauses**
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Invoicing

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 Executive Officer at the following address:

Royal Melbourne Hospital Neuroscience Foundation
PO Box 2116
Royal Melbourne Hospital, VIC, 3050
Telephone No.: +61 3 9342 8447
Facsimile No.: +61 3 9342 7273
E-Mail Address: Peter.Davis@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 Executive Officer at the address specified above.

AND

Payment

1. Payment by Cheque

All payments by cheque under this Agreement will be made as follows:

Payee Name: Royal Melbourne Hospital Neuroscience Foundation
Payee Address: Attention – Executive Officer
Royal Melbourne Hospital Neuroscience Foundation
PO Box 2116
Royal Melbourne Hospital, VIC, 3050
Telephone No.: +61 3 9342 8447
Facsimile No.: +61 3 9342 7273
E-Mail Address: Peter.Davis@mh.org.au

All cheques paid 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)*.

*Copies of all payment notices will be sent to the attention of the **Management Accountant – Research** at:

The Royal Melbourne Hospital
Office for Research
Level 2 South West
Grattan Street, Parkville, VIC, 3050
E-Mail Address: mar@mh.org.au

OR

2. Payment by EFT/Direct Credit

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

Account Name: Royal Melbourne Hospital Neuroscience Foundation
Bank: Commonwealth Bank
Bank Address: University of Melbourne
BSB No.: 063-238
Account No.: 1002 3702

Notification of all payments by EFT/direct credit made under this Agreement will be communicated to the Executive Officer at the following address:

Royal Melbourne Hospital Neuroscience Foundation
PO Box 2116
Royal Melbourne Hospital, VIC, 3050
Telephone No.: +61 3 9342 8447
Facsimile No.: +61 3 9342 7273
E-Mail Address: Peter.Davis@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)*.

*Copies of all payment notices will be sent to the attention of the **Management Accountant – Research** at:

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