|  |
| --- |
| **Request for HEALTH NZ SOUTHERN Invoice**  |

|  |  |
| --- | --- |
| Date of Request: |  |

|  |  |
| --- | --- |
| Research Team Contact Details |  |
| Principal Investigator: |  |
| Research Team contact person: |  |
| Phone number: |  |
| Email: |  |
|  |  |
| Account Details |  |
| Research account name: |  |
| Account number: | **CF**  |
|  |
| Invoice to be sent to |  |
| Organisation: |  |
| Attention to: |  |
| Address: |  |
| Email: |  |
| Payment reference (from Sponsor/CRO): |  |
|  |  |
| GST & Overheads |  |
| Have overheads been waived by the HRS Manager? Yes ☐ No ☐\* *Overheads must be waived on the entire invoice, not line items.*  |
| Is Invoice recipient registered for GST? Yes [ ]  No[ ]  *(Check Schedule 2 of CTRA or ask HRS)* |
| Authoriser:  |  |
| Signature: |  |

|  |
| --- |
| Particulars |
| **Quantity** | **Description** | **Unit Price** | **Line Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Subtotal** |  |
|  |  | **GST (if claimable)** |  |
|  |  | **TOTAL** |  |

|  |
| --- |
| Special Instructions / Comments |
|  |
|  |
|  |

|  |
| --- |
| **Please send this form to:**  |
| Health NZ Southern Accounts & Finances financialaccounting@southerndhb.govt.nz |

For more information, please see the guidelines *“Managing Research Project Accounts and Research Group Accounts held by Southern District Health Board”*<https://www.otago.ac.nz/oms/otago672969.docx>.