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

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| Date of Request: |  |

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| 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** |  |

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| Special Instructions / Comments |
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| **Please send this form to:** |
| Health NZ Southern Accounts & Finances [financialaccounting@southerndhb.govt.nz](mailto: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>.