

# Clinical Trial/Research Agreement invoicing and payment clauses

All Gold Coast Hospital and Health Service Clinical Trial or Clinical Research Agreements must contain clause(s) regarding all invoicing and payment arrangements under the Agreement.

The following is a summary of the clause(s) required.

Please select **one** of the applicable **Invoicing** clauses and the **Payment** clause to be inserted into the Clinical Trial/Research Agreement:

## Invoicing

All requests to raise an invoice from *(insert Funding Body name)* to Gold Coast Hospital and Health Service under this Agreement are to be sent to the attention of the Business Manager – Research at the following address:

Gold Coast Hospital and Health Service  
Office for Research Governance and Development  
Level 2, PED Building  
Southport, QLD, 4215

Telephone No.: +61 7 5687 7081

Email Address: [GCHResearchFinance@health.qld.gov.au](mailto:GCHResearchFinance@health.qld.gov.au)

## OR

1. 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 Business Manager – Research at the address specified above.

## AND

### Payment

#### Payment by EFT/direct credit

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

Account Name: Gold Coast HHS Revenue A/C  
Bank: Commonwealth Bank of Australia  
BSB No.: 064 013  
Account No.: 1003 0827  
SWIFT Code: CTB AAU2S

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

Gold Coast Hospital and Health Service  
Office for Research Governance and Development  
Level 2, PED Building  
Southport, QLD, 4215

Telephone No.: +61 7 5687 7081  
Email Address: [GCHResearchFinance@health.qld.gov.au](mailto:GCHResearchFinance@health.qld.gov.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
- detail of any partial payments, or any other information relevant to the calculation of the payment by the *(insert Funding Body name)*.