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

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 0819
- SWIFT Code: CTB AAU2S
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

The notification of all payments made under this Agreement will be accompanied with documentation of the calculation of each payment. The documentation from \textit{(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 \textit{(insert Funding Body name)}. 