

**CHCB REEC: INITIAL APPLICATION FEE FORM**

**PROJECTS WILL NOT BE ACCEPTED WITHOUT COMPLETED PAYMENT FORM.  
PAYMENT IS PER PROJECT**

Date	CHCB REEC No. – <u>Compulsory Field:</u>	Principal Investigator Name:
Application type:		
<input type="checkbox"/> <b>New Research Ethics application</b> <input type="checkbox"/> <b>New Governance application</b>		

**Principal Investigator Contact Details**

Email Address: \_\_\_\_\_  
 Contact Telephone Number: \_\_\_\_\_

*\*Required so that a copy of the receipt may be emailed for taxation/CME claim purposes*

REEC/Governance Submission Fee for:	Unit Value (\$)	GST (\$)	Total (\$)
<b>New Research Projects</b>			
<input type="checkbox"/> Staff or student initiated research projects within CHCB application (ie in-house)	Nil	Nil	Nil
<input type="checkbox"/> Co-operative/collaborative group research project, external sponsored, non-commercial application	600	60	660
<i>Un-sponsored external investigator initiated research project application:</i>			
<input type="checkbox"/> • For profit organisation	400	40	440
<input type="checkbox"/> • Not for profit organisation	300	30	330
<input type="checkbox"/> Commercially sponsored research project and clinical trials application	3500	350	3850
<input type="checkbox"/> Any collaborative-type study with commercial sponsorship application	3500	350	3850
<input type="checkbox"/> Clinical Trials sub-studies	1800	180	1980
<b>PLEASE ENTER AMOUNT PAYABLE HERE →</b>			<b>\$</b>

**Payment methods:**

Complete 1 of the 3 payment options: Credit Card, Cheque, or Internal Transfer

**Credit Card**

Please note that many card issuers have a maximum transaction limit that may be exceeded by this payment. If so, please indicate whether a split transaction is required using the below box.

Card Type (We only accept cards below)	Credit Card Number:	Expiry Date:
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard		

<b>Card Holder's Name:</b>	<b>Card Holder's Signature</b>
<b>Card Holder's Address (for Receipt Purposes)</b>	
<b>Split payments-Please indicate the maximum transaction amount for this card and if split payment required</b>	

**Internal Transfer (applies only to CHCB cost centres)**

- When paying by transfer please pay the amount excluding GST

<b>Principal Investigator:</b>	<b>Cost Centre Number:</b>	<b>Cost Centre Name:</b>
<b>Cost Centre Manager (Print Name):</b>		<b>Cost Centre Manager (Signature):</b>

**Cheque or Invoice**

- Please attach the cheque / invoice to this form

<b>Contact Name for Position/Person Responsible for REEC/RGO Fee Payments</b>	<b>Company/Organisation</b>	<b>Full Postal Address</b>	<b>Email &amp; Phone Number</b>

<b>Finance Service Use Only</b>		
<b>Cost Centre</b>	<b>AC</b>	<b>Tax Code</b>
<b>Receipt Number</b>	<b>Date</b>	
 	____/____/____	