

Invoicing and payment clauses for research agreements at RMH

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Invoicing and payment clauses

All clinical trial and clinical research agreements, where RMH is a party, need to include clause(s) regarding all invoicing and payment arrangements. This document provides wording that can be copy and pasted into the relevant section of the agreement. This ensures proper and swift funding transactions between the collaborating parties.

If working with the Medicines Australia Clinical Trial Research Agreement, include RMH's standard clauses in the **Payments** section in **Schedule 2**.

Each agreement will require input of the following:

- One invoicing clause; and
- One payment clause

Q. There are two sets of clauses – Neuroscience Foundation and Royal Melbourne Hospital – which do I use?

A. For agreements where the RMH principal investigator is a staff member employed in the neurology or neurosurgery departments, use the "Neuroscience Foundation" clauses.

All other RMH departments need to use the Royal Melbourne Hospital clauses below.

Royal Melbourne Hospital

RMH invoicing clauses

Clause 1 – Standard Invoicing

Invoices will be raised and sent from Melbourne Health to request payment for a visit or otherwise invoiceable item.

For RMH invoicing clauses, please include Clause 1 as per below.

All requests to raise an invoice from *(insert Funding Body name)* to Melbourne Health under this Agreement are to be sent to the attention of the Research Accountant at the following address:

The Royal Melbourne Hospital
Office for Research
Level 2 South West
Grattan Street, Parkville, VIC 3050
Telephone No.: +61 3 9342 3149
E-Mail Address: OFRfinance@mh.org.au

Clause 2 – Recipient Created Tax Invoices

During negotiations with the Funding Body, RCTIs (Recipient Created Tax Invoices) may be presented as their preferred method of payment (usually when dealing with a commercial sponsor). RCTIs serve as a payment advice directly from the Funding Body and expedites the payment process for the payer.

For illustration, the below is an example of an RCTI:

C.R.F. Payment Advice **Recipient Created Tax Invoice**

Page: 1 / 1
Our payment ref. / Date Currency
PAYMENT REFERENCE NO. / AUD
DD.MM.YYYY
Your vendor number: XXXXXX
FUNDING BODY / PROTOCOL NO.

For payment questions contact:
to <EMAIL ADDRESS>
<NAME OF FUNDING BODY>

MELBOURNE HEALTH
OFFICE FOR RESEARCH
LEVEL 2 SOUTH WEST
300 GRATTAN STREET
PARKVILLE VIC 3050
ABN

The following case report forms have been processed for payment. Associated credit memos will be recovered against the total value of this C.R.F. payment advice.

Item	Investigator name C.R.Form no.	Our S.E.ref.	Net value in
AUD			
<hr/>			
XXXXX	<PRINCIPAL INVESTIGATOR> <VISIT NO.> <NON-IDENTIFYING PATIENT NO.> Our P.O. no.: XXXXXX Service type: Refer to contract for <VISIT NO.> payment		981.00
<hr/>			
Total net value			981.00
Purchases - normal 10% (E1)			98.10
Total			1,079.10
MH Local Number: 20XX.XXX			

If Recipient Created Tax Invoices will be a payment method that the Funding Body wishes to use, please **also include** Clause 2 (in addition to Clause 1):

RMH payment clause

All payments by EFT/direct credit under this Agreement will be made to the following account:

Account Name:	MHS-OPERATING
Bank:	NAB
Bank Address:	Level 2, 151 Rathdowne Street, Carlton, VIC, 3053
BSB No.:	083-170
Account No.:	122931890

Notification of all payments by EFT/direct credit made under this Agreement will be communicated to the Research Accountant by email at: OFRfinance@mh.org.au

Payment notices 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 following details:

- The Human Research Ethics Committee (HREC) project number;
- The name of the Principal Investigator;
- A description of what the payment is for;
- The milestones completed and/or the number of participants who have completed the respective milestones; and
- Detail of any partial payments, and/or any other information relevant to the calculation of the payment by the *(insert Funding Body name)*.

Neuroscience Foundation

Neuroscience invoicing clauses

Clause 1 – Standard Invoicing

All requests to raise an invoice from *(insert Funding Body name)* to Melbourne Health under this Agreement are to be sent to the attention of the Executive Officer at the following address:

Royal Melbourne Hospital Neuroscience Foundation
PO Box 2116
Royal Melbourne Hospital, VIC, 3050
Telephone No.: +61 3 9342 8447
Facsimile No.: +61 3 9342 7273
E-Mail Address: Peter.Davis@mh.org.au

Clause 2 – Recipient Created Tax Invoices

If Recipient Created Tax Invoices will be a payment method that the Funding Body wishes to use, please **also include** Clause 2 (in addition to Clause 1):

If 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 Executive Officer at Peter.Davis@mh.org.au.

Neuroscience payment clause

All payments by EFT/direct credit under this Agreement will be made to the following account:

Account Name:	Royal Melbourne Hospital Neuroscience Foundation
Bank:	Commonwealth Bank
Bank Address:	University of Melbourne
BSB No.:	063-238
Account No.:	1002 3702

Notification of all payments by EFT/direct credit made under this Agreement will be communicated to the Executive Officer by email at: Peter.Davis@mh.org.au

Payment notices 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 following details:

- The Human Research Ethics Committee project number;
- The name of the Principal Investigator;
- A description of what the payment is for;
- The milestones completed and/or the number of participants who have completed the respective milestones; and
- Detail of any partial payments, and/or any other information relevant to the calculation of the payment by the (*insert Funding Body name*).

Copies of all payment notices will be sent to the attention of the **Executive Officer** by email at: Peter.Davis@mh.org.au