

Freedom of Information  
The Royal Children's Hospital  
50 Flemington Road  
Parkville Vic 3052  
tel: 9345 5156/9345 5132  
email: foi@rch.org.au

**Tax Invoice/Receipt**  
ABN 35655720546



## FREEDOM OF INFORMATION APPLICATION FEE

**AMOUNT PAYABLE \$28.90**

Patient's Name: \_\_\_\_\_

**Payment by Credit Card**

Cardholder's Name: \_\_\_\_\_ (please print)

Choose: Mastercard / Visa / Bankcard

Card Number:    \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

Expiry Date:    \_\_\_ / \_\_\_

Cardholder's signature: \_\_\_\_\_

**Cheque** - attached

**Money Order** - attached

**Cash** - **Do not send cash through the mail.** Cash payments can **only be made in person at RCH**  
Please go to the cashier's office located on Main Street (Ground Floor) behind enquiry desk

**Upon payment this document becomes a Tax Invoice/Receipt**

**Please keep a copy as no further receipts will be issued**

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**Office Use ONLY**

Cost Centre R1713    Account code 57506

FOI number \_\_\_\_\_

Cashiers, please email confirmation of payment to foi@rch.org.au