

Freedom of Information
The Royal Children's Hospital
50 Flemington Road
Parkville Vic 3052
tel: 9345 5132/9345 9464
email: foi@rch.org.au

Tax Invoice/Receipt
ABN 35655720546



FREEDOM OF INFORMATION APPLICATION FEE (non-refundable)
AMOUNT PAYABLE \$30.60

Patient's Name: _____

Payment by Credit Card (1.5% surcharge)

Cardholder's Name: _____ (please print)

Choose: Mastercard / Visa / Bankcard

Card Number: ____ / ____ / ____ / ____

Expiry Date: ____ / ____

Cardholder's signature: _____

Payment by Electronic Fund Transfer (EFT)

Bank: **Commonwealth Bank** BSB: **063 010**

Account No: **1094 5576** Account Name: **Royal Children's Hospital**

Your reference must state: FOI application fee and include the patient's name

Please forward a copy of the payment advice with your application

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

Office Use ONLY

Cost Centre R1713 Account code 57506

FOI number _____

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