

CLINICAL TRIAL BUDGET PROFORMA

BUDGET & FINANCIAL DETAILS

Name of Trial:
Investigator Details:
Funding Body/Sponsor:

Name of Account (where funds will be deposited):
Account No.:

Commencement Date:
Completion Date:

Income (Excluding GST)		Total \$
External	Provides Amount	
Internal	Provides Amount	
20% Infrastructure Charge (paid by sponsor company)		
Other		
Total Income		<u>#VALUE!</u>

Expenditure (Excluding GST)

Salaries & Wages

Name	Position	Hours on Project	Hourly Rate	\$
Subtotal				<u>#VALUE!</u>
Overheads				
Total Employee Related Expenses				<u>#VALUE!</u>

Goods & Services

Drugs		
Pathology		
Other Investigation Costs (Provide Details)		
Printing, Stationery, Copying etc		
Travelling Expenses		
Medical Records		
Bed Costs		
Patient/ Subject Costs		
Accommodation		
Travel		
Meals		
Payment to Volunteers		
Meals		
Other		
Other Expenses (Provide Details)		
Total Goods & Services		<u>#VALUE!</u>

Equipment Costs

Equipment that will be purchase or hired		
Computers		
Medical Equipment		
Other		
		<u>#VALUE!</u>

Total Expenditure (before HREC contribution) #VALUE!

Human Research Ethics Committee (HREC) Levy

Total Expenditure #VALUE!

Surplus (Deficit) #VALUE!

This statement must be signed-off by a nominated Financial Officer.
(Note: This may be subject to Audit when the trial is complete.)

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- I confirm that payment for this clinical is to be paid to a hospital cost centre Yes No
- I confirm that any surplus in funding from this study will be used to support other research activities. Yes No

Business Manager: _____

Date: _____