

MonashHealth

Australian Business Number (ABN): 82 142 080 338

FREEDOM OF INFORMATION APPLICATION FEE PAYMENT FORM

Mail: Freedom of Information Unit
Monash Medical Centre
Locked Bag 29
Clayton South VIC 3169

Email: foi@monashhealth.org

Enquiries: (03) 9594 2123

Fax: (03) 9594 2106

PAYMENT BY CREDIT CARD

Payment From: _____

Payment Type: Visa MasterCard Amex Diners Club

Credit Card Number:

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Cardholder Name: _____

Expiry: ____ / ____

Amount: \$

Cardholder Signature: _____

PAYMENT BY CHEQUE OR MONEY ORDER

Please make cheques payable to **Monash Health**

Payment From: _____

Date of Cheque / Money Order: ____ / ____ / ____

Please attach Cheque or Money Order with this form and send together with FOI Application Form to address provided at the top of this page.

Upon receipt of your Application Form and the Application Fee Payment, we will send you an acknowledgement letter and receipt for your payment via post.

OFFICE USE ONLY

Cost Centre:

FOI Application No:

**THIS DOCUMENT IS NOT FOR SMR
SCANNING AND MUST BE DESTROYED
UPON PROCESSING OF PAYMENT.**