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| INVOICE REQUEST - CHMP OR PERMIT FOR EVALUATIONOn Sponsor AccountOnly available for sponsors working on the requested activity directly with WTOAC where a consultant is not required under Aboriginal Heritage LegislationEffective for activity beginning 01 July 2024 |
| Fill in the form using word processor. Then print to pdf and sign with a digital image of a real signature |
| Project Details |
| CHP / CHMP Number: | Click or tap here to enter text. |
| Name of Project: | Click or tap here to enter text. |
| Heritage Consultant (Requester) |
| Heritage Consultant Organisation: | Click or tap here to enter text. | ABN: | Click or tap here to enter text. |
| Principal Contact: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. | Phone No.: | Click or tap here to enter text. |
| Sponsor (Payer) |
| Organisation Name: (Must be a legal entity) | Click or tap here to enter text.  | ABN: | Click or tap here to enter text. |
| WTOAC Customer Account No.: | Click or tap here to enter text. |
| *Note the Sponsor MUST have a WTOAC account number before proceeding. Refer website for credit application form.* |
| Principal Contact: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. | Phone No.: | Click or tap here to enter text. |
| Accounts Contact: | Click or tap here to enter text. |
| Accounts Email Address: | Click or tap here to enter text. | Phone No.: | Click or tap here to enter text. |
| Purchase Order Number: | Click or tap here to enter text. | *Please ensure this purchase order contains enough funds to cover all billable expenses.*  |
| Fees & Charges (excluding GST) |
| Type | **One Authority** | **Two Authorities** |
| Desktop/Small CHMP |  |  |
| Desktop/Medium CHMP |  |  |
| Desktop/Large CHMP |  |  |
| Standard/Small CHMP |  |  |
| Standard/Medium CHMP |  |  |
| Standard/ Large CHMP |  |  |
| Complex/Small CHMP |  |  |
| Complex/Medium CHMP  |  |  |
| Complex/Large CHMP |  |  |
| Amendment |  |
| Permits – note GST not applicable to permits |
| Cultural Heritage Permit – to Disturb / Research |  |
| Cultural Heritage Permit – to Harm |  |
| Cultural Heritage Permit – to Sell / Remove from Victoria |  |
| Cultural Heritage Permit – to Rehabilitate / Inter Ancestral Remains |  |
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| Authorisation by Sponsor |
| I am an authorised director / employee of this organisation, agree to the specified fees & charges and confirm that the details in this form are correct. Additionally, I accept the Terms & Conditions on this document and agree to make payment according to terms agreed with WTOAC. |
| Signatory Name:Role: | Click or tap here to enter text.Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| Signature:(Please use real signature or real signature image) |  |
| Please submit this completed form to [heritage.requests@wadawurrung.org.au](file:///C%3A%5CUsers%5CJaneHodgkins%28WTOAC%29%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CPDLSHY8H%5Cheritage.requests%40wadawurrung.org.au) |

**Terms and Conditions for Invoice Request**

Submission of this invoice request form is to be considered acceptance of the following Terms and Conditions:

1. CHMP Evaluation charges are the set fee provided by First Peoples State Relations.
2. If a CHMP is rejected any resubmission of the CHMP for Evaluation will be subject to additional Evaluation Fees.
3. If the document is withdrawn from Evaluation any resubmission will not attract further fees.
4. Any CHMP being submitted for Evaluation must be accompanied by an Application form.
5. All submissions should be directed to heritage.requests@wadawurrung.org.au
6. An Invoice Request Booking Form relating to the Evaluation Fee must be filled out and submitted to [heritage.requests@wadawurrung.org.au](file:///C%3A%5CUsers%5CJaneHodgkins%28WTOAC%29%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CPDLSHY8H%5Cheritage.requests%40wadawurrung.org.au) for an invoice to be processed.
7. The provided invoice number must be referenced with any bank payment.
8. Evaluations will not commence until the CHMP, the Application, and the payment, have all been received by WTOAC. Confirmation will be provided when the evaluation period has commenced.
9. A $50 re-invoicing fee will occur if Billing details are incorrect on Booking Form and new invoice is required.