**HPRA Payment Request Form[[1]](#footnote-1)**

|  |  |
| --- | --- |
| Date |  |
| Payee | **Health Products Regulatory Authority HPRA HPA001** |
| Reference(Applicants surname and initial – max 13 characters) |

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(Please include the applicants name here. This reference (Family name & First name initial is sufficient) will be included on the remittance advice sent to the HPRA. Note: it cannot be longer than 13 characters.) |
| Payment | **The Individual Authorisation fee for 2024 is €320.00. Please pay this by either method A or method B below:-****A. - Requires an original signature and delivered to the Bursar’s Office****B. - Form can then be mailed as attachment to emma.duffy@ucd.ie** |

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| --- | --- |
| **METHOD A** | **PAYMENT DIRECTLY FROM COST CENTRE / RESEARCH ACCOUNT** |
| Charge to:-(complete at least one row) |

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|  |
| **Cost Centre**  |  | **Account Analysis** |  | **Research / D Account**  |  |  |
|  |  |  |  |  |  |  |  |  |  | **€** |
|  |  |  |  |  |  |  |  |  | **€** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **€** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **€** |

 |
| Approved By:(Head of School / PI) | Signature: ………………………………………………………………………………………..Name: (Block Capitals) ……………………………………………………………………… |

|  |  |
| --- | --- |
| **METHOD B** | **PAYMENT BY PURCHASE ORDER** |
|  | **Purchase Order Number …………………………………………** |

1. Version 6 04.01.2024 [↑](#footnote-ref-1)