# Authorisation to invoice for digitisation

By completing this form you are accepting financial responsibility for any digitisation debts incurred for your agency by your nominated officer/s

## Officer providing authorisation:

|  |  |
| --- | --- |
| **Commonwealth Agency (CA) Number** |  |
| **Agency Title** |  |
| **Agency Branch** |  |
| **Name** |  |
| **Position/Title** |  |
| **Phone** |  |
| **Email** |  |

**Invoices to be sent to:**

|  |  |
| --- | --- |
| **Agency Name** |  |
| **Agency Contact** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |

**The following Officer/s are authorised to request digitisation of records on behalf of the agency:**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Position/Title** |
| **1** |  |  |

**Limitations to invoicing:**

|  |
| --- |
|  |

### Period of authorization:

|  |  |
| --- | --- |
| **Start Date** | **End Date** |
|  |  |

**or**

On-going

|  |  |
| --- | --- |
| **Signature of applicant** | **Date** |
|  |  |