INVOICE

Institution/Organization Name
Research Finance Department
Street Address, City, State, Zip

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Sponsor Name]
[Contact Person]
[Sponsor Address]
[Email/Phone]

STUDY DETAILS:

Protocol ID: [ID-000]
Study Title: [Full Research Project Title]
PI Name: [Principal Investigator Name]

Milestone Description	Completion Date	Amount
[e.g., IRB Approval / Site Initiation]	[MM/DD/YYYY]	$0.00
[e.g., Patient Recruitment - 50% Target]	[MM/DD/YYYY]	$0.00
[e.g., Interim Data Analysis Report]	[MM/DD/YYYY]	$0.00

Subtotal: $0.00
Indirect Costs (%): $0.00

Total Amount Due: $0.00

Payment Instructions:
Please make checks payable to [Organization Name].
For Electronic Fund Transfers (EFT): [Bank Name] | Routing: [000000] | Account: [000000]