

**Invoice for Clinical Research**

1300 York Avenue, Box 305, New York, NY 10065

Tel: 646-962-8215 Fax: 646-962-0536

[JCTOFinance@med.cornell.edu](mailto:JCTOFinance@med.cornell.edu)

**Billable to:**

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| --- | --- | --- |
|  | **Invoice Type:** |  |
| **Invoice Number:** |  |
| **Invoice Date:** |  |
| **Terms:** |  |
| **Due Date:** |  |
| **PO#:** |  |
| **Other ID:** |  |

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| **Sponsor:** |  |
| **Protocol:** |  |
| **PI Name:** |  |

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| **Service** | **Description** | **Amount** |
|  |  |  |
|  | **Total Invoice Amount** |  |

All Costs are inclusive of institutional overhead. \*Overhead not applicable to IRB or JCTO Fees

Payment due per contract and please include the following information

1. Invoice #
2. Protocol #
3. PI’s Name
4. Payment Description

Please Make Checks Payable to: Weill Medical College of Cornell University

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Attention: Joint Clinical Trials Office

1300 York Avenue, Box 305

New York, NY 10065