# **INVOICE**

# **TMA reference number:** %reference%

**PO No:**  **$PO\_No**

Date: $CurrentDate

**To: ICON Clinical Research Limited**

South County Business Park

Leopardstown

Dublin 18

Co. Dublin

Ireland

### Description: Monthly cost for $CurrentMonth $CurrentYear

|  |  |
| --- | --- |
| **Description** | **Payment Amount in USD** |
| Off-shore labor cost for $NumberOfMember person month $NameofMember in Vietnam for TMA Testing services for $Project Capex code is CXI11909 - $CurrentMonth $CurrentYear | $AmountOfMoney |
| **Total** | **$Total\_Amount** |

**Total amount to be paid**: **$Total\_Amount**

Please pay by **WIRE TRANSFER** the above amount to our account**:**

|  |
| --- |
| Name on account : **TMA Solutions Co., LTD**  Account number : **001-027226-101**  Bank Name: **HSBC Ho Chi Minh City Branch, Level 6, the Metropolitan, Ho Chi Minh City , Viet Nam (SWIFT code: HSBCVNVX)**  Tel: **+84-28 38292288**  Fax: **+84-28 38230530** |

Yours sincerely,

Pham Ngoc Nhu Duong

CFO

Tel: +84 28 3997 8000, extension: 5211

Email: [pnnduong@tma.com.vn](mailto:pnnduong@tma.com.vn)