

# UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

2500 North State Street  
Jackson, Mississippi 39216-4505

**Institutional Review Board**

Telephone (601) 984-2815

Facsimile (601) 984-2961

**DHHS FWA #00003630**

IORG #0000043

IRB 1 Registration #00000061

IRB 2 Registration #00005033

## Invoice of Services Rendered

Tax ID: 646008520

**INVOICE NUMBER:**

**INVOICE DATE:**

**TO:**

**RE:**

Date	Fee	Description of services	Total amount payable
		IRB	

**CC:**

Prepared by: Kaye Cliburn

Telephone: (601) 815-1345

FAX: (601) 984-2961

email: kcliburn@medicine.umsmed.edu

I certify that the above amounts are correct and payment has not been received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please make check payable to: The University of Mississippi Medical Center and mail to the following address: The University of Mississippi Medical Center, Attn: Charles Mullen, Comptroller, 2500 N. State Street, Jackson, MS 39216-4505.**

**Please return a copy of this invoice with payment. Thank you.**