

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.