




Yale University

# INVOICE

School of Public Health  
Office of Finance and Administration  
60 College Street  
New Haven, CT 06520

Yanfeng Shi  
Capital Medical University

Invoice # COVK-189  
Invoice Date 10/04/2019  
Due Date 10/18/2019

Description	Unit Price	Quantity	Amount
Reimbursement of costs associated Yanfeng Shi visiting Yale School of Public Health from 09/20/19-03/19/2020			\$2100 USD
			
Subtotal:			\$2100 USD
Total Amount Paid:			
CO01...YD000001.CC0935.PG00051.PJ000001.ZZZ1003.FD01..81034. RC170			Balance Due: \$2100 USD

**Remit to:**

Yale School of Public Health  
60 College Street  
PO Box 208034  
New Haven, CT 06520-8034

**Wire Instructions:**

Bank Name: Bank of America, New York, NY  
ABA Number: 026009593 (wire transfers only)  
ABA Number: 011900571 (ACH Only)  
SWIFT Number: BOFAUS3N  
Account Title: Yale University  
Account Number: 0050296726  
Reference: Yale School of Public Health