**IRB Billing Information (provide to WCG IRB for all sites who will rely on the same billing instructions)**

*In lieu of completing the billing section of the initial review submission form for each site submission, submitters may enter ‘see attached’ in the initial review submission form billing section and provide this completed document with each submitted site.*

|  |  |
| --- | --- |
|  | Sponsor: Sponsor protocol ID:  |
|  | What email address should the invoice be emailed to?  |
|  | Purchase order number (PO#) (if applicable) |
|  | sIRB code (if applicable) |
|  | Billing contact name: |
|  | Company/Institution/Organization |
|  | Billing contact address: (street, city, state/province, postal code, country) |
|  | Billing contact phone: ()  | Billing contact email: |

|  |  |
| --- | --- |
|  | Describe any special billing instructions: |

|  |
| --- |
|  Name of Person Completing This Form Date Company & title()  Phone number E-mail address (optional) |