Billing Information Form

**Industry Funded Studies Only**

Please provide the following information which HREBA / Alberta Innovates requires in order to prepare an invoice for your industry funded study. Upload the completed form in IRISS to the “REB Service(s) Fee” section.

Once the initial ethics certificate has been issued an invoice will be sent to the e-mail indicated below.

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| 1. **STUDY INFORMATION** | | | |
| HREBA Study/Ethics ID #: HREBA. | | Principal Investigator: | |
| Full/Long Study Title: | | | |
| |  |  | | --- | --- | | Protocol #:  (add N/A if your study does not have a protocol #) | Full Sponsor Name: | | | | |
| Site # (if applicable):  Site Name/Address (if different from billing address below): | | | |
| 1. **BILLING INFORMATION** | | | |
| **Invoice to be made out to:** (add full name and address, no partial information or acronyms) | | | |
| Organization (full legal name): | | | |
| Street Address: | | | |
| City: | Province: | | Postal Code: |
| Phone Number: | | | |
| **Invoice to be sent to:** (this would be the person or unit at the Organization noted above who would receive the invoice. If the email address is not from the Organization noted above, please indicated why in the comment section below) | | | |
| Attention: | | E-mail: | |
| (If required): Attention: | | E-mail: | |

**Comment:** Click or tap here to enter text.

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| FOR OFFICE USE ONLY |
| Amount to be Invoice: Job Code: |