

# LIBERTY<sub>IRB</sub>

An Independent Central IRB

## BILLING INFORMATION FORM

Please tell us who should be billed for this review. <i>(If this form is not completed, the PI will be billed.)</i>	
1.	Principal Investigator Name:
2.	Name of person to whom invoice should be sent:
3.	Billing Address:
4.	Billing Contact phone number:                      Billing Contact fax number:
5.	Billing Contact email address:
6.	Describe any special billing instructions:
7.	Protocol Name:

Name of Person Completing Form (contact person for questions):	
Name:	
Title:	
Phone Number:	
Fax Number:	
Email Address:	
Date:	Signature: