

Please put the invoice on business letterhead as well (if being done through a business and not an individual)

Date

Invoice #:

(All bills need to have an invoice #)

Indiana University *(All invoices must have Indiana University on the 1st line)*
Dept of Medical and Molecular Genetics
410 W. 10th Street, HS 4000
Indianapolis IN 46202

RE: NCRAD Study brain tissue harvest

Brain tissue harvest for (Name of decedent)

- Includes instruments, labor, materials used for
- Brain tissue harvest and shipping items to
- Indiana University NCRAD Study \$000.00

Please remit payment to: Name of payee