|  |  |
| --- | --- |
| **Tax Name:** |  |
| **NIF:** |  |
| **Address:** |  |
| **Postal Code:** |  |
| **Population:** |  |
| **Country:** |  |

**FORM FOR THE ISSUANCE OF CEIM INVOICE**

**TAX DATA OF THE ENTITY**

**DATA FOR SENDING THE ENVOICE**

**(Fill in case the shipping data differs from the entity’s data)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Att:** |  |
| **Address:** |  | | |
| **Populations:** |  | | |
| **Postal Code:** |  | **Tel:** |  |
| **Country:** |  | **Fax:** |  |
| **Mail:** |  | | |

**ESTUDY DATA**

|  |  |  |
| --- | --- | --- |
| **CODE:** |  | |
| **TITLE:** |  | |
| **PRINCIPAL INVESTIGATOR :** | |  |

**ENVOICING CONCEPT**

**INITIAL EVALUATION**

**AMENDMENT**

Vº Bº Responsible CEIC

Name:

Data:

**Nº Amendment**

**Version**

**PROMOTER:  Pharmaceutical Industry**

**Other promoter**

**CEIM INVOLVED**

**CEIM DE REFERENCE**

|  |  |
| --- | --- |
| **Cost Center:** | *(a emplenar per administració)* |
| **Amount (without VAT):** | € |

**< 5 CENTRES**

**5 – 10 CENTRES**

**> 10 CENTRES**