|  |  |
| --- | --- |
| **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**