

# **Clinical Trials/Clinical Research Invoice Request Form**

V1.0

The Process Step 1: Requestor completes and submits this form to CCCRinvoicing@ucalgary.ca. along with supporting documentation (see guidelines on page 2 for further detail).

Step 2: CCCR creates the invoice.

**Step 3:** CCCR sends the original invoice to the customer and a courtesy copy to the requestor.

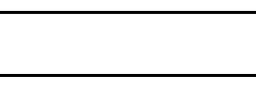
Step 4: Accounts Receivable processes payment or follows up with customer/sponsor and requestor re: late or partial payments.

SECTION 1	Requestor Info																																
* Date of Re	equest:			* F	Reque	este	d By	<i>'</i> :												* Pł	hone	Num	ber										
* E-mail Ad	dress:																																
Section 2	For Fund 11, 12, 18, 19, 60, 70																																
*Project Investigator (PI) Name:								*Project Name:																									
*PI Signature:								*Other Signature:																									
SECTION 3	Customer Info																																
* Customer	/Sponsor Name:													С	usto	mer'	's Pu	irchas	ie O	rder	· Nur	nber	(if kr	nown	):								
PeopleSoft Customer Number (if known):										PeopleSoft Location Number (if known):																							
* Address:																																	
* Contact N	ame:							I	Phon	e Nu	mber:											*E-m	ail:										
SECTION 4	Accounting Information																																
Purpose of Invoice (note: your customer will see this description)			Fund Dept ID				Revenue Account				Inte	ernal							Project						Activity				* Subject to Overhead? Y/N	Overhead Percentage	Amount		
			Т														Τ																
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		C								Cu	Currency							Subtotal							GST Amount					Invoice Total			
SECTION 5	Special Notes or Instructions																																

# **Calgary Centre for Clinical Research**

3280 Hospital Drive NW Calgary, AB, T2N 4Z6 CCCRinvoicing@ucalgary.ca

Subject to overhead?	Overhead	
/N	Percentage	Amount
	Invoice Total	



# **Guidelines for Completing this Form:**

IMPORTANT - All invoice requests must have supporting documentation that supports the revenue items being billed. Supporting documentation examples are:

# \* Work Order

\* Purchase Order

- \* Customer communication
- \* Contract

SECTION 2

The following is a guideline for completing each section of the Invoice Request Form. If you need additional information or assistance, please contact CCCRinvoicing@ucalgary.ca.

All fields marked with an asterix \* are required. Incomplete requests will be returned to the requestor for completion.

# SECTION 1 Requestor Info

\* Date of Request: This is the date you submit your request to CCCRinvoicing@ucalgary.ca.

\* Requested by: The name of the person submitting the request (the Requestor).

\* Phone Number: The Requestor's phone number.

\* E-mail Address: The Requestor's e-mail address.

#### **PI** information

\* Project Investigator (PI) Name - enter the PI's name.

\* Project Name - enter the name of the project (project title in EFIN).

\* PI Signature - PI must sign to approve the request

# SECTION 3 Customer Info

\* Customer /Sponsor Name: Must be a company or organization; cannot be an individual.

PeopleSoft Customer Number: PeopleSoft customer number.

PeopleSoft Location Number: Specific address in PeopleSoft customer account.

- \* Address: (Required unless customer number and location provided). Address of customer's Accounts Payable department.
- \* Contact Name: Contact person at customer/sponsor organization.

Phone Number: phone number for the listed contact.

\* E-Mail Address: e-mail address for the listed contact.

Customer's Purchase Order Number: Enter the customer PO# provided by the customer.

## SECTION 4 Amount and Purpose of the Invoice

At least one line item REQUIRED. If more than 5 lines are needed, provide a second page listing additional information.

\* Purpose of the invoice: Describe the line item in a way that will make sense to your customer.

- \* Fund the fund code for the revenue.
- \* Dept Department ID .
- \* Account If unknown leave blank.
- \* Internal if required by department.
- \* Project: Project Number.
- \* Activity Code: If activity is different than 00000, enter the code. If field is left blank, 00000 will be used.
- \* Amount: The total amount for the line item.
- \*Subject to Overhead: Select from drop down list.

Yes - Inclusive: Amount is inclusive of overhead; overhead is included in the amount.

- Yes Exclusive: Amount is exclusive of overhead; overhead will be added to the amount.
- No: Overhead is not applicable.

## **Overhead Percentage:** The percentage of overhead for the line item.

## Subtotal - enter the total amount before taxes

GST Amount - enter the total GST amount for the invoice.

Invoice Total - the subtotal + GST amount.

\* Currency: Enter the Currency as CAD or USD.

## SECTION 5 Special Notes or Instructions

If additional information needs to be included on the invoice, or if you have specific instructions for the biller, include them here.