

# REQUEST FOR INVOICE

**Please invoice:**

1.556,06 €<sup>1</sup>

622,42 €<sup>2</sup>

389,01 €<sup>3</sup>

466,83 €<sup>4</sup>

155,63 €<sup>5</sup>

155,63 €<sup>6</sup>

**To:**

<b>Invoice address</b>	
	<b>TVA:</b>
<b>Sent invoice to</b>	

**For:**

<b>Study N°.</b>	
<b>EudraCT N° if applicable.</b>	
<b>Reason of payment</b>	<b>Initial submission to EC / Amendment to EC</b>
<b>Name EC</b>	Comité d'Ethique Erasme-ULB
<b>Contact Person EC</b>	Mr Hélène François
<b>Name of bank holder</b>	Comité d'Ethique, C.U.B. Hôpital Erasme 808 Route de Lennik, 1070 Bruxelles
<b>Bank Account No.</b>	BE98 0014 8442 9493
<b>Communication</b>	CE -

Signature requester

Signature approver

**Remuneration for examining an application - 2023:**

<sup>1</sup> Interventional investigation protocol, Ethics Committee in charge of the single opinion.

<sup>2</sup> Observational investigation protocol, Ethics Committee in charge of the single opinion.

<sup>3</sup> Interventional investigation amendment, Ethics Committee in charge of the single opinion.

<sup>4</sup> Interventional investigation protocol, Ethics Committee **not** in charge of the single opinion.

<sup>5</sup> Observational investigation protocol, Ethics Committee **not** in charge of the single opinion.

<sup>6</sup> Observational investigation amendment, Ethics Committee in charge of the single opinion.