

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

Date

Invoice #:

Taub Institute
Columbia University Medical Center
622 West 168th Street, PH19
New York, NY 10032

RE: IU LOAD Study transportation for brain tissue harvest **(or for the use of facilities if removal is done at the funeral home)**

Transportation for brain tissue harvest for (Name of decedent)

- Includes transporting the body of (name of decedent)
- to (Name of facility) for brain tissue harvest for
- the IU LOAD Study
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- Amount due

\$000.00

Please remit payment to: Name of payee and mailing address