

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 brain tissue harvest **(or for the use of facilities if removal is done at the funeral home)**

Brain tissue harvest for (Name of decedent)

Amount due:

\$000.00

Please remit payment to: Name of payee and mailing address