

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

Date

Invoice No:

(All bills need to have an invoice #)

Indiana University *(All invoices must have Indiana University on the 1st line)*
Dept of Medical and Molecular Genetics
410 W. 10th Street, HS 4000
Indianapolis IN 46202

RE: NCRAD 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 NCRAD/Indiana University Study \$000.00

Please remit payment to: Name of payee and mailing address