University of Washington
Department of Pediatrics

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

University of Washington
Department of Pediatrics
1959 NE Pacific Street
Health Sciences Bldg, Room RR 346
Seattle, WA 98195-6320

PHONE: 206 616-9278 FAX: 206 616-9796 OR 800-583-0668
EMAIL: bdrl@uw.edu

DATE: 07/25/13

INVOICE NO.: PD13Q2011
PERIOD COVERED: 04/01/13-06/31/13
TAX ID NO: 91-6001537
UW BUDGET NO: 65-9567

Bill To:

Indiana University, IU Accounts Payable
RE: Dr. Debomoy Lahiri/ Dr. Balmiki Ray
P.O. Box 4095
Bloomington, IN 47402-4095

PO/Contract No. 1248206

Shipped Date	Collection and distribution of tissue: # of tissue samples sent	Quantity ($200 per unit)	Total Amount
5/31/2013	Brain	1	$ 200
6/21/2013	Brain	1	$ 200
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
	Total Due	**2**	**$ 400**

If you have questions regarding charges, please contact Theresa Naluai-Cecchini at tnaluai@uw.edu or 206-616-9278
For questions regarding payments, please contact Susanna Ngai email: ngais@uw.edu or 206-221-5465

Make the checks payable to
University of Washington

1959 NE Pacific St., Box 356320
HSB Room RR330
Seattle, WA 98195

Please include invoice number on check or copy of invoice

Credit Card Payments

PLEASE HAVE CREDIT CARD NUMBER, EXPIRATION DATE, AND ZIP CODE OF BILLING ADDRESS AVAILABLE
(Please note we do not store credit card numbers, you will need to provide this number every time you make a payment.)
For payment please call: Susanna Ngai 206-221-5465 or Eileen Chin 206-685-8328

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF $25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

FMS Received 07/25/2013

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