

Date Form Submitted: \_\_\_\_\_

Updated July 2022



**ICCB-Longwood Screening Facility Billing Form**

\*It is the User's responsibility to ensure ICCB-L has up to date billing and PO information on file at all times.

**All fields are required**

NAME (of user): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PI NAME (for billing purposes): \_\_\_\_\_

LAB AFFILIATION: \_\_\_\_\_

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**NON-HARVARD MEDICAL SCHOOL INVESTIGATORS (those without a 33-digit billing code)**

- *Make POs payable to **Harvard University; PO BOX 4999; Boston, MA 02212-4999***
- *Send a PDF of the PO to **Crystal Bettilyon with this form***
- *Specify PO amount and expiration date*

PO NUMBER (as it appears on the PO): \_\_\_\_\_

PO Amount: \$ \_\_\_\_\_

PO Expiration Date (if applicable): \_\_\_\_\_

Select the PO type below:

- ☐ Can be charged multiple times (blanket/open PO) – **preferred**
- ☐ To be charged only once

**NAME and ADDRESS TO SEND THE INVOICE**

*(typically a research or grant administrator)*

**Note: If blank, the PI's email address will be used for invoices:**

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**LAB'S FINANCIAL CONTACT INFORMATION:**

*Please include a contact name, phone number, and email address*

Contact: Crystal\_Bettilyon@hms.harvard.edu • 617-432-5968

Shipping Address: HMS ICCBL Screening Facility • 250 Longwood Avenue • SGM 604 • Boston, MA 02115

Billing Address: Harvard University • P.O. Box 4999 • Boston, MA 02212