



ICCB-Longwood Screening Facility Billing Form

All fields are required

NAME (of user): _____

EMAIL ADDRESS: _____

PI NAME (for billing purposes): _____

LAB AFFILIATION: _____

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

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

LAB'S FINANCIAL CONTACT INFORMATION:

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

Contact: Crystal_Bettilyon@hms.harvard.edu • 617-432-5968