

**University of Oklahoma Health Sciences Center
College of Allied Health
Rehabilitation Sciences
Center for Human Performance Measurement**

Invoice

Type of Project (circle): OUHSC Campus OU Community OMRP VA Community-at-large/Industry

Name of Project: _____

PI: _____ **PI contact information:** _____

IRB number: _____ **Chart Field Spread number:** _____ **Participant number:** _____

Type of Service Rendered:

Service	Justification	Specific Service	Amount	Agreed Time	Amount Billed
Initial Consultation	Discussion on feasibility of project in the CHPM	1 hour of Director	\$0.00		
Construct Model Template	If new or novel model template is required to be built for study	1 hour of staff+1 hour of Director+1 hour of CHPM lab use	\$300.00		
Full service CHPM	supplies, full set-up, data run and confidential written report from CHPM				
		Cost per session	\$ 195		
		Additional if complex	\$37/15min		
		Video link	\$55		
		Additional if complex	\$30		
		Report of Motion Analysis	\$205		
Researcher Level 1	full set-up, data run, data supplied to investigators				
		Cost per session	\$100		
		Additional if complex	\$37/15min		
		Video link	55		
		Additional if complex	30		
Researcher Level 2	must be specifically sanctioned by CHPM Director; allowed to run data with CHPM staff for own study				
		Cost per session	\$62.00		
TOTAL					

Person Completing Invoice: _____ **Printed Name:** _____