

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

Invoice FY2020

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

Name of Project: \_\_\_\_\_

PI: \_\_\_\_\_    PI contact information: \_\_\_\_\_

IRB number: \_\_\_\_\_    Chart Field Spread number: \_\_\_\_\_

Participant number:    Participant#    visit#    Date of Service Rendered: \_\_\_\_\_

<u>Service</u>	<u>Justification</u>	<u>Specific Service</u>	<u>Internal</u>	<u>External Non- Profit</u>	<u>External</u>	<u>Number of Participants</u>	<u>Amount Billed</u>
<b>Initial Consultation</b>	Discussion on feasibility of project in the CHPM	1 hour with CHPM Director	\$0.00	\$0.00	\$0.00	NA	\$0.00
<b>Full service CHPM</b>	Includes appointing participant, data collection, data processing, data analysis, confidential report to PI	Supplies, full set-up, data run, data processing and confidential written report from CHPM					
		Cost per unit	\$ 199	\$336	\$424		
<b>TOTAL</b>							

Person Completing Invoice: \_\_\_\_\_    Printed Name: \_\_\_\_\_    Date: \_\_\_\_\_